

**TOOLKIT
FOR TARGETED HIV/AIDS
PREVENTION AND CARE
IN SEX WORK SETTINGS**



**World Health
Organization**

WHO Library Cataloguing-in-Publication Data

Toolkit for targeted HIV/AIDS prevention and care in sex work settings.

1. HIV infections - prevention and control 2. Acquired immunodeficiency syndrome - prevention and control 3. Guidelines 4. Resource guides I. World Health Organization.

ISBN 92 4 159296 6

(NLM classification: WC 503.71)

© World Health Organization 2005

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications - whether for sale or for noncommercial distribution - should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken in this publication. However, the publisher assumes no responsibility for any kind, either express or implied. The responsibility rests with the reader. In no event shall the World Health Organization be liable for any loss or damage.

Printed in Switzerland

Community Health Cell
Library and Information Centre
367, "Srinivasa Nilaya"
Jakkasandra 1st Main,
1st Block, Koramangala,
BANGALORE - 560 034.
Phone : 553 15 18 / 552 53 72
e-mail : chc@sochara.org

TOOLKIT FOR TARGETED HIV/AIDS PREVENTION AND CARE IN SEX WORK SETTINGS

COMMUNITY HEALTH CELL

Library and Information Centre

No. 367, Srinivasa Nilaya, Jakkasandra,
I Main, I Block, Koramangala, Bangalore - 560 034.

THIS BOOK MUST BE RETURNED BY
THE DATE LAST STAMPED



World Health
Organization

ACKNOWLEDGEMENTS

Authorship

The guidance text of the toolkit was authored by Dr. Catrin Evans, University Nottingham, and edited by Manuela Möller, Richard Steen, Monica Beg under the supervision of Isabelle de Zoysa (WHO).

A Technical Reference Group was established to assist with preparing this toolkit by commenting on drafts and resources and providing information. WHO wishes to acknowledge this group for its contribution and to thank its members:

Licia Brussa (Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe)

Christopher Castle (Horizons/UNESCO)

Monica Ciupagea (Open Society Institute)

Eka Esu-Williams (Horizons)

Deanna Kerrigan (John Hopkins University)

Paulo H. Longo (Network of Sex Work Projects)

Veronica Munk (Amnesty for Women)

Khartini Slamah (Network of Sex Work Projects/Asien Pacific Network of Sex Workers)

Friederike Strack (HYDRA e.V.)

Bea Vuylsteke (Projet Retro Ci/FHI)

Peter Weis (World Health Organization)

Teodora Elvira Wi (Family Health International)

WHO wishes to acknowledge the technical support and generous contribution of German Technical Cooperation (GTZ) to the development of this toolkit.

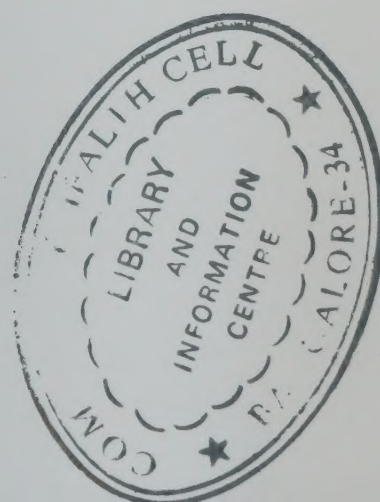
WHO also wishes to acknowledge comments and contributions by UNAIDS.

The 'Toolkit for targeted HIV/AIDS prevention and care in sex work settings' is dedicated to

Paulo Henrique Longo (1964-2004)

who contributed with enthusiasm and commitment, knowledge and insight to its development. Paulo was a warm, engaging and deeply humane person, an effective and articulate advocate and activist, from whom there was always something new to learn. His commitment and passion in promoting HIV/AIDS issues and his tremendous contribution to the welfare of the sex worker communities surely made a difference and will always be remembered.

DIS-325
08902 pos



CONTENTS

ACKNOWLEDGEMENTS _____ II

ABBREVIATIONS _____ 2

ABOUT THIS TOOLKIT _____ 3

CONTEXT _____ 5

DEVELOPMENT OF INTERVENTIONS _____ 9

 Category 1: Assessment _____ 9

 Category 2: Planning and design _____ 12

 Category 3: Implementation _____ 14

 Category 4: Management _____ 21

 Category 5: Training and capacity-building _____ 24

 Category 6: Monitoring and Evaluation _____ 26

ANNEX _____ 29

 Annotated References _____ 29

 Additional Resources _____ 61

 Case Studies _____ 70

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral
BCC	behaviour change communication
FP	family planning
HIV	human immunodeficiency virus
IEC	information, education, communication
NGO	nongovernmental organization
100% CUP	one hundred percent condom use policy
STI	sexually transmitted infection
SW	sex work, sex worker
T & C	testing and counselling
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

ABOUT THIS TOOLKIT

In many parts of the world, sex workers have been among the groups most vulnerable to and most affected by HIV since the beginning of the AIDS pandemic. After more than a decade of research and intervention in sex work settings there is a substantial body of knowledge on the behaviors that put sex workers, their clients and regular partners at risk and on the contextual factors that create vulnerability to HIV/AIDS. In addition, much has been learnt about what works to prevent HIV transmission in sex work settings, about how to provide care and support services, and to empower sex workers to improve their health and well-being.

Some of this knowledge has been disseminated through published research and conference presentations but much knowledge and expertise has not been formally documented or exists only in unpublished reports. The purpose of this toolkit is to make both published and unpublished information more accessible to a wider audience, and so to contribute to global efforts to develop and scale up effective HIV interventions in sex work settings.

Most of the items in this toolkit focus on HIV *prevention* in such settings. Less information is available on treatment, care and support for sex workers living with HIV. Tools relating to these matters will be added as they become available.

Who is the toolkit for?

The toolkit is intended for use by anyone involved in HIV prevention initiatives in sex work settings.

Aim and content

The toolkit aims to provide guidance on the development and implementation of effective HIV interventions in diverse sex work settings. It indicates the key steps and issues involved in the development and implementation of interventions, and provides links to many documents, manuals, reports, and research studies providing more detailed and in-depth information. Each such resource or tool has been annotated to assist readers in deciding whether it is relevant to their particular situations.

Structure

The toolkit is divided into the following sections, which provide an introduction to the sex work context and describe the basic steps for the development and implementation of interventions.

Context for HIV interventions in sex work settings

- The public health rationale
- A Strategic framework
- Key principles

Development of interventions

The categories are defined in order to facilitate the retrieval of relevant information, although there is considerable overlapping between them.

- ▶ Category 1: Assessment
- ▶ Category 2: Planning and design
- ▶ Category 3: Implementation
- ▶ Category 4: Management
- ▶ Category 5: Training and capacity-building
- ▶ Category 6: Monitoring and evaluation

Toolkit development process and interaction

New tools/resources will be added to the on-line collection www.who.int/hiv/toolkit/sw as they are released. User feedback is welcomed in order to make improvements to the toolkit and to ensure that it continues to respond to emerging and changing needs.

Feedback or new tools, documents or resources to be considered for inclusion in the toolkit in any language should be emailed to hiv-aids@who.int or sent to:

World Health Organization
Department of HIV/AIDS
20 avenue Appia
CH-1211 Geneva 27
Switzerland

Before inclusion in the toolkit, items are reviewed by a committee of experts in order to determine their quality and relevance. The committee includes representatives from sex work networks, WHO, UNAIDS and national and international NGOs.

Language

The resources in this toolkit are reproduced in their original language. So far most of them are available only in English.

CONTEXT

The public health rationale for HIV interventions in sex work settings

What are sex work settings?

Sex work settings are places or social networks in which sexual services are exchanged for money or goods.

There is a wide diversity of sex work settings, ranging from well-established and visible brothel-based red-light areas to a looser collection of venues such as bars, hotels, marketplaces or roadside areas. The stakeholders involved are also very diverse. They may include male, female or trans-gender sex workers, their clients and regular partners, business owners and third-party intermediaries, such as taxi drivers. Sex work settings may involve either transient migrant and mobile populations of both sex workers and clients or more permanent local communities.

The nature, visibility and extent of sex work in different localities is influenced by a range of other groups, for example the police, religious institutions, NGOs and community groups, and by local and national laws, policies and attitudes to sex work. In many countries, sex work occupies an ambiguous social and legal status, and sex workers may be severely stigmatized, marginalized or criminalized. Violence, exploitation and the abuse of sex workers' human rights are common in many parts of the world.

Why is it important to target sex work settings with HIV prevention and care initiatives?

In many places, sex work settings are characterised by high rates of partner change, low rates of condom use, unsafe sex and high rates of sexually transmitted infections (STIs). Consequently, the risk of HIV infection is often high and the virus can quickly spread through sexual networks encompassing sex workers, clients, regular partners and associated lovers, spouses and children. Furthermore, some sex workers or clients may be involved in additional types of risky behaviour, such as injecting drug use.

In many places, underlying economic and socio-cultural factors cause vulnerability to HIV. These factors may operate indirectly, related to the low status of women, a lack of educational or economic opportunities, and local attitudes to sex and sexuality which create a market for sex work whilst simultaneously stigmatizing those involved in it. Alternatively, such factors may operate more directly, as in the case of laws and policies that criminalize sex work. Here, the social and legal status of sex work can create situations in which sex workers have little control over the conditions in which they work, and presents barriers to the use of health and social welfare services. At the same time, the stigma and fear commonly associated with HIV contribute to a reluctance to come forward for HIV-related services.

The internal structure of the sex industry may also increase vulnerability to HIV and hinder sex workers' ability to protect themselves. Sex work can be competitive and isolated, making it difficult to maintain social or family links. Working conditions can be highly exploitative, leaving individual sex workers with limited power over their lives. Vulnerability is highest where sex workers are isolated from mainstream society and where they lack internal solidarity and their own social support networks. In such circumstances the capacity for community action around health and other issues may be low.

Together, these various social, legal, interpersonal and epidemiological factors create the conditions in which HIV and STIs rapidly spread. An effective targeted response is necessary in order to promote safer behaviour, improve access to effective health and social services, and to address the underlying structural and occupational dimensions of vulnerability.

The prevalence of HIV in sex work settings varies greatly. There is ample evidence that effective interventions in the field of sex work can have a dramatic impact on the course of epidemics, in addition to protecting the health and livelihoods of the people who are directly involved. Where HIV rates are still low there is a window of opportunity for implementing preventive measures. In places where a large percentage of sex workers are already infected, effective prevention work coupled with treatment, care and support is vitally important in order to improve survival, to counter stigmatization and to prevent further infections.

Reference N° 1: UNAIDS (2002): *Sex Work and HIV/AIDS*

Reference N° 2: AIDSTECH/FHI (1993): *AIDS Prevention – A Guide for Working with Commercial Sex Workers*

Reference N° 3: WHO/WPRO (2001): *Sex Work in Asia*

Reference N° 4: UPCHI/UNAIDS (2003): *AIDS and Male-to-Male Sex in Latin America: Vulnerabilities, strengths and proposed measures – Perspectives and reflections from the point of view of public health, social sciences and activism.*

Strategic framework

The diversity of sex work settings requires flexible, locally adapted responses. However, experience shows that HIV prevention in sex work settings should work toward three main outcomes:

1. Increased condom use and safer sex
2. Increased sex worker involvement and control over working and social conditions
3. Reduced STI burden

More broadly (beyond HIV prevention), interventions should of course build on opportunities to improve sex workers' overall health and well-being.

Table 1 illustrates a generic framework of potential objectives, desired outcomes and programme components for HIV prevention interventions in sex work settings. More detail on programme components is given in *Category 3* of the *Development of interventions* section.

Community mobilization through peer networks is a key strategy for integrating and promoting these programme components. For example, peer networks can help promote use of condoms and health care services. Increased sex worker involvement facilitates setting up services, promotes human rights and empowers sex workers. Likewise, clinical services for STI can reinforce condom promotion and risk reduction and address other health care needs.

At best, each component acts in synergy with others to strengthen impact. However, the framework should not be viewed as a rigid or complete menu of components that *must* be included in every project. Many interventions start with only one or two components. Where possible, however, efforts should be made to build as comprehensive a response as possible.

Table 1: A framework for HIV prevention interventions in sex work settings

Objectives	Desired outcomes (for SW and clients)	Examples of service components (work towards a more comprehensive set of services as programmes mature)
Less unprotected sex	Increased condom use / safer sex	<ul style="list-style-type: none">• Peer education and condom promotion• Condom policies in (sex) work places• Other strategies for safer sex and harm reduction
More empowered sex workers	Increased sex worker involvement and control over working and social conditions	<ul style="list-style-type: none">• Peer network support• Community mobilization• Stigma and discrimination prevention• Condom policies in (sex) work places• Other structural interventions
Reduced transmission efficiency (when condoms fail or are not used)	Reduced STI burden Improved health and well-being	<ul style="list-style-type: none">• STI screening and treatment services for SW• Reproductive health care services (inc. FP)• HIV T&C• Harm reduction and drug treatment• ARV treatment• Other health and social services

Reference N° 6: Overs, C. (2002): *Sex Workers: Part of the Solution*
Reference N° 7: Wolffers, I., et al. In: *The Lancet*, Vol 361, June 7: *Public Health and the Human Rights of Sex Workers*
Reference N° 8: Europap/Tampep (1999): *Policies on Sex Work and Health*
Reference N° 9: Europap, Mak., R.: *General Conclusions and Recommendations*

Key principles

Notwithstanding the diversity of sex work settings, a review of current best practice in sex work interventions suggests that observation of the following key principles contributes to effectiveness and sustainability:

- ▶ adopting a non-judgemental attitude;
- ▶ ensuring that interventions do no harm;
- ▶ ensuring that sex workers’ rights to privacy, confidentiality and anonymity are respected;
- ▶ respecting sex workers’ human rights and according them basic dignity;
- ▶ respecting sex workers’ views, knowledge and life experiences;
- ▶ involving sex workers, and, where appropriate, other community members in *all stages* of the development and implementation of interventions;
- ▶ recognizing that sex workers are usually highly motivated to improve their health and well-being, and that sex workers are part of the solution;
- ▶ building capacities and leadership among sex workers in order to facilitate effective participation and community ownership;
- ▶ recognizing the role played in HIV transmission by clients and third parties, i.e. targeting the whole sex work setting, including clients and third parties, rather than only sex workers;
- ▶ recognizing and adapting to the diversity of sex work settings and of the people involved.

DEVELOPMENT OF INTERVENTIONS

Category 1: Assessment

Assessment basics:

What is assessment and why is it necessary?

Assessments are useful to obtain basic information about sex work settings and their social and legal context in order to guide the design and implementation of interventions. In addition, conducting an assessment engages key actors and groups involved in sex work settings. By learning about their perceived needs, attitudes, priorities and roles, more responsive interventions can be planned and developed. The goal is practical information in simple language understandable to a wide range of interested parties.

Rapid assessments or needs assessments, collect basic essential information over a short period, often using participatory methods, and enable an intervention to start quickly. A more detailed gathering of information, termed situation analysis or situation assessment, is undertaken when a rapid assessment indicates this to be necessary.

Who should be involved?

Before going into a sex work setting it is a good idea to consult with and obtain the cooperation of local authorities, the police or other influential stakeholders. While planning an assessment it is useful to identify and talk with local people who can act as key informants. These are influential or especially knowledgeable persons who can provide invaluable information and advice as well as facilitate access to different groups.

Where possible, try to include in the assessment *all* groups directly or indirectly involved in sex work settings. This helps to build a detailed and holistic understanding of the various factors that may affect HIV transmission, care and support, and the implementation of interventions. A small representative number of people from each group is sufficient for an initial assessment.

Try to involve sex workers, other stakeholders and potential project partners in planning and conducting the assessment. This helps to build local relationships and capacity and to ensure that the methods used are appropriate and that the information obtained reflects the actual situation.

Conducting an assessment

Defining information needs

To start with, consider the *minimum* information needed to start an intervention. More detailed information can be collected subsequently. Assessments typically gather information on the following matters.

Context of sex work

- ▶ Different types of sex workers and clients
- ▶ Sex workers' needs, perceptions and priorities

- ▮ Perceptions and priorities of other actors involved in sex work
- ▮ Laws and policies surrounding sex work (and migration if this is a local issue)
- ▮ Policies and priorities of funding agencies
- ▮ Key stakeholders
- ▮ Potential intervention partners, allies or opponents
- ▮ Demographic information
- ▮ Local occupational and community structures, relationships and lifestyles
- ▮ Factors that can facilitate or hinder intervention

Knowledge and behaviours

- ▮ Level and patterns of risk behaviours of sex workers, clients and regular partners, and the contexts in which they occur
- ▮ Patterns of health-seeking behaviour
- ▮ Levels and knowledge of condom use or other safer sex methods
- ▮ Knowledge and attitudes about HIV/AIDS and STIs
- ▮ Potential channels, methods, materials and messages for reaching target groups

Services

- ▮ Services already in existence (formal, informal, facility-based, community-based, biomedical or traditional)
- ▮ Potential for cooperation with interventions
- ▮ Quality
- ▮ Attitudes of service providers
- ▮ Local perceptions and utilization patterns

Reference N° 1.1: NSWP (1997): *Making Sex Work Safe*

Reference N° 1.2: Europap/Tampep (1998): *Hustling for Health*

Reference N° 1.3: The Synergy Project (2000): *HIV/AIDS APDIME Programming Toolkit*

Reference N° 1.4: *Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh*

Reference N° 1.5: AIDSCAP/FHI (1996): *The Manual for Targeted Intervention research on Sexually Transmitted Diseases with Community Members*

Reference N° 1.6: AIDSCAP/FHI (1996): *Targeted Intervention Research on Sexually Transmitted Diseases in the Setting of Commercial Sex: Metro Manila and Metro Cebu*

Research design and methods

Assessments can use qualitative, quantitative and participatory methods, such as:

- ▮ in-depth interviews, i.e. talking to individuals about their experiences;
- ▮ focus group discussions, i.e. discussions with small groups about specific issues;
- ▮ surveys, i.e. asking sets of questions about key issues and analysing the results;
- ▮ mapping, i.e. locating places where sex work takes place on maps;
- ▮ observation, i.e. seeing what conditions are like;
- ▮ enumeration, i.e. estimating the sizes of specific populations.

There are many ways of approaching an assessment. In sex work settings, individuals are often suspicious of outsiders and, as in other settings, what people say may not always reflect what they do. It is therefore a good idea to use a variety of methods, to include a

variety of informants and to check the results with local people. The use of participatory methods and the involvement of local people in the research process help to ensure useful, realistic and accurate results.

Data analysis and dissemination

Before data are collected, consider how they will be managed, analysed and documented. Some data can be quantified (e.g. numbers and origins of sex workers or rates of condom use), whereas others may be visual (e.g. maps) or more qualitative (e.g. local illness classifications). Qualitative data can be described in terms of key themes (e.g. sex workers' lack of power to negotiate safer sex) or key contexts (e.g. particular working conditions that create vulnerability to HIV).

Try to summarize data in a short and usable form. For example, for each category of required information a list of key findings can be presented, followed by related contextual information, existing responses and key factors that might assist or hinder an intervention in the area concerned.

Reference N° 1.7: UNAIDS/IMPACT/FHI (2002): *Estimating the Size of Populations at Risk for HIV: Issues and Methods*

Reference N° 1.8: FHI (2002): *Size Estimation and Mapping: Monitoring Behaviours as a Component of Second Generation Surveillance in Asia, 13-15 May 2002*

Reference N° 1.9: Thai Red Cross AIDS Research Centre Bangkok; Brown, T. (DRAFT): *Geographic and Social Mapping of Commercial Sex: A Manual of Procedures*

Reference N° 1.10: NACO (1994): *High Risk Behaviour Research Kit*

Reference N° 1.11: UNAIDS (2000): *A Situational Analysis Guide on Sex Work in West and Central Africa*.

Reference N° 1.12: PSG/FHI/IMPACT : *HIV/AIDS Rapid Assessment Guide*

Reference N° 1.13: WHO/UNAIDS (2002): *Sex-RAR Guide: The Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour*

Key issues

As with any research, take care to ensure that ethical guidelines are followed by all members of the assessment team (e.g. with respect to informed consent, voluntary participation, confidentiality, anonymity and absence of harm). Special training and on-going field supervision may be required so that adherence to good research practice is ensured.

Category 2: Planning and design

Planning and design basics

What are planning and design?

Once an assessment has been conducted the next step is to review the key findings in order to plan what an intervention can achieve and how it can be implemented. Planning consists of setting an overall goal, objectives, activities and desired outcomes for the proposed intervention. Design refers to the specific components that the intervention will include and how it will be organized to implement the plan.

A plan should reflect the local circumstances, needs, resources, capacities and priorities. Specific project components can then be designed to ensure that they are locally relevant and appropriate to the context.

Reference N° 2.1: *International HIV/AIDS Alliance (2002): Pathways to Partnership – Toolkit*

Reference N° 2.3: *International HIV/AIDS Alliance (2003): Between Men, HIV/AIDS prevention for men who have sex with men*

Reference N° 6: *Overs, C. (2002): Sex Workers: Part of the Solution*

Reference N° 1.1: *NSWP (1997): Making Sex Work Safe*

Reference N° 1.2: *Europap/Tampep (1998): Hustling for Health*

Who is involved?

It is a good idea for project planning and design to be as participatory as possible, involving sex workers and other gatekeepers whose support is necessary for setting up an intervention. Various participatory planning tools exist that can help to guide this process.

The planning and design process

The planning and design process involves several stages as outlined below:

- ▶ deciding on the planning process, who should be involved and how to make it participatory, for example, by establishing committees, organizing consultation meetings, developing peer networks;
- ▶ creating a intervention plan and proposal and determining how the intervention can be implemented, what components are required, who should be involved, what resources are necessary, what resources are available and how the intervention can be managed;
- ▶ deciding how the intervention will be monitored and evaluated;
- ▶ drawing up a budget and work plan;
- ▶ identifying potential partners if appropriate and establishing alliances;
- ▶ obtaining funding.

Reference N° 1.4: *Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh*

Reference N° 2.4: *The Synergy Project (2002): Room for Change: Preventing HIV transmission in Brothels*

Reference N° 1.3: *The Synergy Project (2000): HIV/AIDS APDIME Programming Toolkit*

Reference N° 2.5: *The EQUITY Project (2003): Guidelines for the Establishment of High Transmission Area Projects – Within District HIV/AIDS/STI Control and Care Programmes*

Reference N° 2.6: *European Network Male Prostitution: Manual: Tips, Tricks and models of good practice for service providers considering, planning or implementing services for male sex workers.*

Key issues

The project planning process can be a good opportunity to build local support for the intervention, and to identify potential partners. A collaborative project or programme does not have to do everything itself. Partnerships, alliances and local service providers can be effectively used to expand the reach and range of the services provided.

Category 3: Implementation

Implementation basics

What does implementing HIV interventions in sex work settings involve?

HIV prevention work in sex work settings involves both outreach to sex worker communities and implementation of key intervention components to reduce HIV transmission.

Outreach and peer network development are key strategies for reaching sex worker communities. Outreach enables interventions to reach people who are most in need by taking information and services *out* to communities, as well as by promoting clinic-based services. Community outreach also includes development and strengthening of peer networks. This may start with selection and training of small numbers of sex workers or clients who represent their peer groups. With adequate support, peer networks can develop into strong advocates for their own interests and ensure that interventions remain relevant to their needs.

Interventions should include basic HIV prevention components that address sex worker empowerment, condom use and STI control. While such components serve to directly reduce HIV transmission, interventions should not limit their activities to these areas. As projects develop, sex workers themselves can identify and prioritize other health and social needs that should be addressed.

Who should be involved?

Peer involvement is an effective way of reaching sex workers and clients. Peers are knowledgeable 'insiders' in sex work settings and their involvement enhances trust and communication. Peer educators are consequently a credible source of advice. They can be powerful role models and can help to change social norms. Peer workers also act as a link between communities and interventions, facilitating local participation. Peer networking and the sharing of information often lead to community mobilization around issues of concern.

While peer workers form the core of HIV prevention interventions in sex work settings, others should be involved as well. A range of community stakeholders – from owners and managers of bars, hotels and brothels to police and social workers – should be regularly informed of project activities and encouraged to provide support as appropriate. Health care workers may be directly involved in providing services or may see sex workers and clients by referral.

Peer workers should be experienced sex workers, preferably dynamic group leaders who are willing and available to carry out extra work. It is important to provide them with regular training, support and supervision in the performance of their tasks. Weekly meetings are useful for maintaining motivation, solving problems and encouraging participation in project activities.

Peer educators may initially face hostility from local people. Working in groups provides support and strength in numbers. In order to be effective, peer educators need to be seen and heard regularly. It is important to recruit enough of them, although the exact ratio will vary according to context and budget.

Reference N° 1.1: NSWP (1997): *Making Sex Work Safe*

Reference N° 1.2: Europap/Tampep (1998): *Hustling for Health*

Reference N° 3.1: UNAIDS (2000): *Innovative Approaches to HIV Prevention*

Reference N° 2.4: The Synergy Project (2002): *Room for Change: Preventing HIV transmission in Brothels*

Reference N° 1.3: The Synergy Project (2000): *HIV/AIDS APDIME Programming Toolkit*

Reference N° 2.6: European Network Male Prostitution: *Manual: Tips, Tricks and modules of good practice for service providers considering planning or implementing services for male sex workers*

Key components of HIV prevention interventions

To be most effective, HIV prevention in sex work settings should focus initially on the following three outcomes (see strategic framework):

1. Safer sex and increased condom use
2. Increased sex worker involvement and control over working and social conditions
3. Reduced STI burden

Other services will likely be needed to respond to broader health and social needs. As projects develop, sex workers themselves should identify priorities. Service delivery issues include ensuring that interventions are accessible, acceptable and effective in the sex work context.

1. Promoting safer sex and increased condom use

There are many ways of distributing and promoting condoms, including the use of peer educators and social marketing. Behaviour change communication methods – condom use demonstrations, videos, role plays, interactive workshops – can be used to build *skills* for effective safer sex negotiation as well as to provide information. In addition to condom use, projects can also promote non-penetrative methods of safer sex. Experienced peer educators or sex workers can be highly effective educators on this subject.

Since promotion of correct and consistent use of condoms will raise demand in most settings, it is important to ensure that an adequate and continuous supply of male latex condoms of high quality and at the lowest possible price can be maintained. Ask sex workers for feedback on condom quality and preferred size or brand. Where feasible, try to make water-based lubricants and female condoms available. Lubrication is especially important for male sex workers, and where anal sex is common. The female condom, a thin sheath of polyurethane that is placed in the vagina, has been approved as a family planning method and should be promoted. However, there is no firm scientific evidence so far that use of female condoms protects against HIV infection. Studies on this important issue are under way.

To be most effective, back up communication efforts with *commodities* (e.g. condoms, STI drugs, clean needles), *services* (e.g. STI management or HIV care and support services) and *actions* to build a more enabling environment for behaviour change (for example, by persuading brothel owners to support sex workers in insisting on the use of condoms, working with the police to reduce violence against sex workers). Where sex work is linked to injecting drug use it is important to promote harm reduction interventions including information and links to services.

Reference N° 3.3: WHO/WPRO (2001): *Promoting condoms in clinics for sexually transmitted infections*

Reference N° 3.4: WHO/UNAIDS (2000): *The Female Condom – A guide for planning and programming*

Reference N° 3.5: *JICA : The Educational Package on HIV/AIDS/STI Prevention for Clients of Social Hygiene Clinics*

Reference N° 3.6: *JICA: Ligaya's Choice – Unit 2 Intervention tool (Video tape)*

Reference N° 3.7: *Tampep (1994): Augusta's Way - Safe Sex*

Reference N° 3.8: *Multi-lingual information and education materials for sex workers*

2. Increasing sex worker involvement and control over working and social conditions

Vulnerability to HIV is largely shaped by social factors that lie outside an individual's control. Consequently, a concerted effort should be made to tackle these factors and to build more supportive or 'enabling' environments for sexual health. Actions to build enabling environments can be taken at individual, local or higher levels. Two approaches that have proven successful are:

- ▶ community mobilization to empower sex workers to change conditions that contribute to vulnerability and risk.
- ▶ condom use policies that transfer primary responsibility for condom use from individual sex workers to establishments where they work.

It can take time to change deep-seated social norms and structures. Most community intervention start slowly but even small changes can make a big difference. Let the community set the agenda. There are many examples where sex workers – often starting with HIV prevention work – have become more empowered and have mobilized to create safer and less exploitative living and working conditions.

Community Mobilization

Frequently, a first step in building a safer environment is convincing sex workers that they can change conditions under which they live and work. The strengthening of peer networks to address HIV prevention can help build up sex workers' confidence. Even small successes as a result of community action can result in greater feelings of personal and collective power to take on other issues.

Initially, it may be necessary for projects to give substantial capacity-building, emotional and practical support to sex workers and peer leaders to help build up a sense of personal efficacy, community and solidarity, and so to facilitate community action (see *Category 4*). Sex workers often have a wide range of pressing concerns that affect their health, well-being and capacity for action both directly and indirectly. These may include worries about children, police harassment, exploitative working conditions, housing problems, domestic violence, migration status, HIV-related stigma. Financial pressures frequently limit sex workers' ability to consistently insist on safer sex.

Many projects have responded to these issues by engaging in advocacy at the local level, by organizing or making referrals to services, by setting up co-operatives and other financial services, by providing training on human rights and welfare issues, and by actively encouraging community action through the mobilization of peer networks. It may even be possible to tackle repressive laws and policies through advocacy networks and alliances.

Reference N° 8: *Europap/Tampep (1999): Policies on Sex Work and Health*

Reference N° 9: *Europap, Mak., R.: General Conclusions and Recommendations*

Reference N° 3.8: *Tampep (2002): Multi-lingual information and education materials for sex workers*

Reference N° 3.9: *Horizons (2000): Community Mobilization and Involvement*

Reference N° 3.10: *Horizons (2002): The Role of Community Development Approaches in Ensuring the Effectiveness and Sustainability of Interventions to Reduce HIV Transmission through Commercial Sex: Case Study of the Sonagachi Project, Kolkata, India.*

Reference N° 3.11: *Evans, C. (1999): The International Review of the Rationale, Role and Evaluation of Community Development Approaches in Interventions to Reduce HIV Transmission in Sex Work*

Reference N° 2.1: *International HIV/AIDS Alliance (2002): Pathways to Partnerships – Toolkit*

Condom Use Policies

Condom use policies mandate condom use in commercial sex settings and place responsibility for enforcement on sex work establishments rather than on individual sex workers. Successful programmes have been implemented at local ('safe houses' in Australia), municipal, regional and national levels (100% CUP in Philippines, Dominican Republic, Thailand, Cambodia).

100% Condom Use Programmes (CUP) require sex work establishment owners to ensure that all clients use condoms on their premises. Compliance is monitored in various ways, including monitoring of STI trends. High STI rates are considered evidence of a brothel's non-compliance with the condom use policy and sanctions can be taken against the brothel owner concerned. The strength of such 'structural' interventions is that consistent condom use becomes a *work-place norm* rather than being left up to individual sex workers to negotiate. Recent evidence indicates that the new social norms established within brothels can 'diffuse' to other less accessible sex work settings due to the mobility of sex workers and clients.

The 100% CUP has been credited with achieving very high rates of condom use and with significantly reducing the prevalence of STIs and HIV in countries such as Thailand and Cambodia.

Condom use policies should be adapted to local conditions, reinforce other interventions and include the following components:

- ▶ Involvement and commitment of a range of stakeholders
- ▶ Regular examination and treatment of STI in sex workers
- ▶ Availability and accessibility of condoms
- ▶ Effective behaviour change communication through a variety of channels to make condom use the social norm
- ▶ Outreach activities to reinforce the messages of the programme

In 100% CUP, as in all programmes, it is important to establish mechanisms to involve sex workers in planning and implementation and to ensure that their rights are respected at all times. A recent WHO/UNAIDS evaluation of the 100% CUP in Cambodia acknowledged its successes while recommending strengthening of community development components.

Reference N° 3.12: *WHO/WPRO (2004): Experiences of 100% condom use programme in selected countries of Asia*

Reference N° 3.13: *WHO/WPRO (2000): 100% Condom Use Programme in Entertainment Establishments*

Reference N° 3.14: *WHO/WPRO (2003): Guidelines for scaling-up the 100% condom use programme. Experience from Cambodia.*

Reference N° 3.15: *WHO/WPRO (2003): Responding to Questions About the 100% Condom Use Programme*

Reference N° 3.16: *The Journal of Health Management 5, 2 (2003): The 100 Per Cent Condom Use Programme: A Success Story*

Reference N° 3.17: *Policy Project (2003), Documenting the Experiences of Sex Worker*

3. Reducing STI burden

Sex workers are frequently exposed to STIs in their work, yet often face difficulties accessing health care services. STIs cause serious problems (such as pelvic inflammatory disease, infertility, ectopic pregnancy) in addition to making it easier for HIV infection to take place. For these reasons, effective STI services adapted to sex workers' needs are an essential component of HIV prevention interventions. It would not be sufficient to provide STI services without addressing other health needs of sex workers, however.

There are many advantages to providing clinical services as part of the package of interventions offered to sex workers. Sex workers may have more confidence in a project if they are receiving respectful services of high quality from the same people as are promoting prevention. Such services can be more easily adapted to sex workers' needs and the quality of service can be more easily ensured. In other cases it may be more feasible to establish linkages and referrals with pre-existing services, recognizing that they may need some adaptation or additional training in order to meet the needs of sex workers and clients.

Services need to be *acceptable* and *accessible* to sex workers. Sex workers have reported various barriers to seeking help from formal services, including stigma and discrimination by staff, poor quality treatment, high cost, inaccessible locations or inconvenient working times, and because of the fear of being exposed, reported, deported or imprisoned. In addition, sex workers may have irregular and unpredictable working times and lifestyles, making it hard to keep appointment times or to follow treatment regimes. These issues are especially relevant for mobile and migrant sex workers and their clients.

Appropriate services can be developed by training staff and monitoring attitudes and quality of treatment, by setting up special clinical services for sex workers/clients at convenient times and locations, by arranging special sessions within mainstream services at times that are convenient, by subsidizing or providing free treatment, or by setting up mobile clinics or providing on-site services. Peer educators should always be involved in promoting services.

Reference N° 3.18: WHO/WPRO (2002): *Guidelines for the management of STI in Female Sex Workers*

Reference N° 3.19: Behets, F., et al in: *Tropical Medicine and International Health*, Vol8/No 3 PP 251-258, March 2003: *Evidence-based treatment guidelines for sexually transmitted infections developed with and for female sex workers*

Reference N° 3.20: FHI (2003): *HIV/AIDS Fact Sheets, Control of STIs*

Reference N° 3.21: *Institute of Tropical Medicine, Antwerpen (2002): Algorithmes de Diagnostic et Traitement des IST chez les Femmes a la Clinique de Confiance, Côte d'Ivoire*

Reference N° 3.22: Hydra e.v.: *Health Portfolio*

Key issues in STI treatment

STI management approaches vary from place to place, according to local epidemiology and available resources. Many national HIV/STI programmes have developed case management protocols which can be adapted to the sex work context. It may be useful to seek technical advice on setting up this aspect of a programme. At a minimum, interventions should provide:

- management of symptomatic STIs

plus either:

- ▶ screening for asymptomatic STIs, or
- ▶ presumptive treatment of STIs when accurate screening is not feasible.

Communication activities can be used to raise awareness about STIs and to promote use of services. Peer educators can reinforce correct use of medications and encourage patients to attend follow-up clinics.

STI services should be available and easily accessible for clients as well as sex workers. Where feasible, the partner treatment can be arranged for regular partners to reduce the chances of reinfection and further transmission.

Other health and social services

Sex workers have other health care needs as well, and efforts should be made to provide other services. Priorities should be identified by sex workers themselves. Commonly, these include:

- ▶ HIV counselling, testing, care and treatment;
- ▶ prevention of mother-to-child transmission of HIV;
- ▶ family planning and antenatal services;
- ▶ general health services;
- ▶ harm reduction services for drug users;
- ▶ social welfare and legal services.

Key issues in HIV testing and counselling

Provide HIV testing and counselling staff with training to enable them to provide a sensitive, non-judgmental service that is tailored to the needs of sex workers and clients. Strict confidentiality is crucial in performing HIV testing and in releasing and storing the results.

It is important that HIV testing and counselling services include pre-test and post-test counselling and that informed consent be obtained before testing is performed. Pre-test and post-test counselling should include individual risk assessment, risk reduction planning, and helping to prepare individuals to cope with their test results.

Where possible, refer HIV positive sex workers and clients to psychological support and clinical care services. It may be necessary to work together with these services to ensure that they are sensitive to the needs and situation of sex workers.

Key issues in providing treatment, care and support for HIV-positive sex workers

Projects can consider setting up counselling and peer support systems so that sex workers can be helped to accept their HIV status, develop a positive attitude and take action to prevent infecting others. Some projects have established self-help groups of sex workers living with HIV/AIDS and have provided training in home care skills for sex workers living with HIV/AIDS.

Where possible, facilitate access to treatment, care, support, home care and ARV therapy. Extra training for staff in mainstream services may be required in order to ensure a high quality, non-judgemental service.

Key issues in harm reduction services for sex workers

Where sex work is linked to injecting drug use it is important to offer access to harm reduction services including information and links to services. Harm reduction services should include support for the following choices.

- ▶ Not to use drugs.
- ▶ If using drugs, not to inject them.
- ▶ If injecting, not to share needles.

Depending on the legal and policy environment, interventions can take steps to provide access to needle exchange programmes, substitution medicine therapy and drug-dependence treatment. Where appropriate, provide specific counselling, support and communication materials for sex workers who inject or are dependent on drugs.

Category X: Management

Management basics

What is the role of project management and why is it necessary?

Sex work settings can be highly complex environments. Managing the relationships between project partners and stakeholders, solving problems and maintaining community support and involvement in projects are primary management functions.

Leadership and decision-making structures serve to ensure that a project fulfils its mission and remains accountable to its constituencies, including sex workers and their communities and funding agencies. A clear organizational structure enables people to understand the boundaries of roles and responsibilities associated with different posts, including who is involved in decision-making at various levels, who is managed by whom and why, and what channels of communication are appropriate.

Reference N° 1.1: NSWP (1997): *Making Sex Work Safe*
 Reference N° 1.2: Europap/Tampep (1998): *Hustling for Health*
 Reference N° 1.4: UNAIDS (2003, Draft): *Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh*
 Reference N° 1: UNAIDS (2002) *Sex Work and HIV/AIDS*
 Reference N° 4.1: HIV/AIDS ALLIANCE NGO Support Toolkit

Who should be involved?

Project management should be approached as a collaborative effort between project partners and members of the community. Involving communities and organizing peer networks is integral to effective intervention. Research has shown that by strengthening and mobilizing community networks and building their capacity, safer working environments and higher levels of condom use can be achieved.

Important issues for project management

While there are many factors that should be taken into consideration, the following are some of the important issues for project management.

Building a community: Time should be invested at the beginning of a project to establish relationships with stakeholders, to become familiar with the environment and to build up trust. However, divisions within sex worker groups and diverse community agendas may make it difficult to identify a cohesive community. It may be necessary to work separately with different groups, or to begin by working with only one group. Activities such as the development of peer educator networks help to develop a better sense of solidarity within the community. Some projects have created drop-in centres or other forums where sex workers can meet each other, interact in a non-threatening environment, and break down barriers.

A project may initially have to take the lead in supporting sex workers to mobilize around a particular issue that they have identified. The act of participating in community action will in itself help to foster solidarity and a sense of community.

Staff recruitment and structure: Recruiting the right personnel is a key part of project management. Many projects have duty, administrative, and field staff. It is important that all staff have positive attitudes and appropriate skills. For field staff in particular, a non-judgmental approach is crucial, as is a willingness to learn and an ability to mix with people from widely differing backgrounds. Appropriate training, supervision and support are essential. Project staff may face hostility and stigma because of their work on HIV in sex work settings. High turnover rates are common among peer educators because of high levels of mobility in sex work. This may disrupt fieldwork and should be factored into project planning.

Maintaining motivation: Having regular meetings, providing opportunities for greater involvement in the project and offering various incentives can also help to maintain motivation among peer educators and other community groups.

Building capacity: Sex workers have often suffered years of social exclusion and may require considerable mentoring and capacity-building to equip them with the skills necessary for taking on new leadership roles and dealing with mainstream society. Project staff may have to advocate with external agencies in order to enable sex workers to participate in meetings or other activities. Special arrangements, such as the provision of interpreters or the translation of key documents, may also facilitate increased participation.

Building leadership: Initially, sex work interventions benefit from highly committed and strong leaders. However, steps should be taken to develop a more managerial leadership style, which is broader and more inclusive and which builds capacity among a larger group of sex workers. It may be necessary to have ongoing leadership development and training.

Handling conflict: An intervention sometimes leads to conflict within sex worker communities over perceived access to project-related power and resources. Tensions may emerge over the allocation of funds to different community organizations, over leadership roles, over remuneration or incentives for participation in project activities, and over jobs and salaries. The maintenance of open communication and transparency about project decisions can help to minimize this problem.

Reference N° 3.10: *Horizons (2002): The Role of Community Development Approaches in Ensuring the Effectiveness and Sustainability of Interventions to Reduce HIV Transmission through Commercial Sex: Case Study of the Sonagachi Project, Kolkata, India* * Evans C (1999) *Horizons Study*

Reference N° 2.1: *International HIV/AIDS Alliance (2002): Pathways to Partnerships – Toolkit*

Financial Management

Whether or not there is a full-time staff member employed to manage the organization's finances, a project member should be responsible for overseeing the financial functions of the project. Typical functions of this role should include: budgeting, internal control systems and procedures, accounting systems and record-keeping, grant management systems, financial reporting, audits, planning for long-term sustainability.

Reference N° 4.2: *International HIV/AIDS Alliance (2002): Raising Funds and Mobilising Resources for HIV/AIDS Work – A toolkit to support NGOs/CBOs*

Reference N° 4.31: *UNAIDS/LSHTM (1999): Sex Worker Intervention Impact Model*

Key Issues

In sex work settings, organizational transparency and open communication may be unfamiliar qualities. Staff and community members may require some mentoring and support in order to adopt new procedures and philosophies.

Community involvement is a *process* that evolves and changes over time. Although projects need to be structured, they should remain flexible and should be able to adapt to changing circumstances.

It is important for the organization to clearly establish its policies on specific issues, such as staff safety and confidentiality. Policies on field-related issues, such as how to respond to cases of trafficking and under-age involvement in sex work, should also be addressed.

Reference N° 4.4: *Inter Press Service International Association (2002): Media Training Manual: Gender, HIV/AIDS and Rights*

Reference N° 4.5: *International HIV/AIDS Alliance (2001): Documenting and Communicating HIV/AIDS Work*

Reference N° 4.6: *Willis, B. in: The Lancet, Vol 359, April 20, 2002, 1417-1422: Child prostitution: global health burden, research needs, and interventions*

Category 5: Training and capacity-building

Training and capacity-building basics

What is the role of training in project management?

All interventions should provide training and technical support for project staff and peer educators. Other stakeholders who are directly or indirectly associated with interventions, such as health care workers, police and the owners of establishments may also benefit from training. Training may also be needed to support advocacy efforts.

Training is needed at the start of an intervention, but programmes should also assess and respond to training needs on a regular basis.

Who should be involved?

It is good practice to involve staff and community members in determining their training needs. Programme managers should be proactive and propose new areas for capacity building.

Sex workers can eventually become trainers of their peers and of other groups, especially health care workers, the police and media personnel. The involvement of sex workers as trainers builds their capacity, increases their visibility and effectively challenges assumptions and prejudices about sex work.

Training approaches and methods

Training can be provided through various approaches, including the organization of one-to-one technical support, mentoring, shadowing, workshops, exchange visits, and study tours. Although the requirements for training should be customized for each situation, HIV-related training issues and programmatic and organizational capacity building should be addressed in any training programme.

Training on issues related to HIV

Project staff and peer educators need basic orientation to generic HIV-related topics as well as inputs for more specific technical components of projects (Category 2). Themes commonly included in initial training are:

- basic information on HIV and STIs;
- community development and strategies for personal development and empowerment of sex workers;
- stigma and discrimination;
- gender and sexuality;
- sex work and the law;
- human rights;
- violence;
- advocacy;
- participation and community involvement;
- HIV testing and counselling;

- ▮ communication on behaviour change, and development of communication materials;
- ▮ peer education and community outreach, i.e. working with marginalized and hard-to-reach groups;
- ▮ STI management;
- ▮ condom programming;
- ▮ safe sex negotiation;
- ▮ HIV-related treatment, care and support.

Reference N° 5.1: The Naz Foundation India Trust: Guide to Communication and Counselling

Reference N° 5.2: The Naz Foundation India Trust: Teaching about Sex and Sexuality

Reference N° 5.3: The Naz Foundation India Trust: Ethics and Sexual Health

Reference N° 5.4: The Naz Foundation India Trust (2001): Training Manual – An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men

Reference N° 5.5: WHO/WPRO (2002): Training Course for the 100% Condom Use Programme

Programmatic and organizational capacity building

In the rapidly changing environment of HIV and sex work, organizational systems should be flexible and responsive. At the same time, projects are often concerned with building up the capacities of local organizations to assume increased responsibilities. The requirements for training in this area vary. They may include issues related to:

- ▮ structures, policies and procedures;
- ▮ good governance, management and decision-making;
- ▮ management information systems and institutional learning;
- ▮ critical analysis and strategic thinking;
- ▮ human and financial management systems;
- ▮ external relations and partnership-building;
- ▮ resource mobilization.

In addition to the HIV-specific technical areas, project staff should acquire more generic skills enabling them to implement and manage interventions, such as conducting assessments, project planning, budgeting, monitoring and evaluation.

Reference N° 4.2: International HIV/AIDS Alliance (2002): Raising Funds and Mobilising Resources for HIV/AIDS Work – a toolkit to support NGOs/CBOs

Reference N° 2.1: International HIV/AIDS Alliance (2002): Pathways to Partnerships – Toolkit

Reference N° 1.4: UNAIDS (2003, Draft): Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh

Reference N° 5.6: Media Training Manual: Gender, HIV/AIDS and Rights

Key issues

Very few training tools have been developed specifically for sex work settings but there is excellent material that can be adapted. It is good practice to write reports of training activities because they may be a useful resource for future use.

Where possible, try to schedule training activities so that sex workers can attend with minimal disruption of their work. Policies may need to be formulated on incentives or payment for attendance.

Category 5: Monitoring and Evaluation

Monitoring and evaluation basics

What are monitoring and evaluation and why are they important?

Monitoring and evaluation provide:

- ▶ information on what an intervention is doing, how well it is performing and whether it is achieving its aims and objectives;
- ▶ guidance on future intervention activities;
- ▶ an important part of accountability to funding agencies and stakeholders.

Plans for monitoring and evaluation should be made at the beginning of an intervention development process.

Monitoring

Monitoring is the regular collection of information about *all* project activities. It shows whether things are going to plan and helps project managers to identify and solve problems quickly. It keeps track of project inputs and outputs such as:

- ▶ activities;
- ▶ reporting and documentation;
- ▶ finances and budgets;
- ▶ supplies and equipment.

Monitoring is an ongoing activity that should be incorporated into everyday project work.

Evaluation

An evaluation asks whether a project is achieving what it set out to do, and whether it is making a difference. If this is happening the evaluation seeks to understand how and why the intervention has worked so well. If the project is unsuccessful, questions are raised as to what could have been done better or differently. Evaluations thus keep track of key outcomes and impacts related to the different project components, assessing whether the objectives, aims and goals are being achieved.

Evaluations take place at specific times during interventions. It is common to start with baseline research near the beginning of an intervention so as to obtain information with which subsequent changes can be compared. Further evaluations are usually made at intervals of between two and three years.

Who should be involved in monitoring and evaluation?

Monitoring

Monitoring is routinely carried out by project staff, project partners and peer educators as they keep track of their work.

Evaluation

Evaluations can be performed by external agencies or by project staff, peer workers and stakeholders, or by a combination of the latter three groups and external agencies. External involvement lends technical expertise and objectivity to evaluations. However, the use of project staff and peer networks in an evaluation builds their capacity and provides a sense of ownership of the results. Moreover, the familiarity of peer workers and project staff with the sex work context may lead to a more realistic picture of an intervention, and informants may be more willing to talk openly with project workers than to outsiders. A combination of the two approaches can provide the most useful information.

Reference N° 1.1: *NSWP (1997): Making Sex Work Safe*

Reference N° 1.2: *Europap/Tampep (1998): Hustling for Health*

Reference N° 1.4: *UNAIDS (2003, Draft): Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh*

Reference N° 6.1: *WHO/WPRO (2002): Monitoring and Evaluation of the 100% Condom Use Programme in Entertainment Establishments*

Conducting monitoring and evaluation

Indicator development

Both monitoring and evaluation require a means of assessing the changes or results produced as a result of an intervention. It is common to develop indicators for this purpose, i.e. variables such as attendance rates, the proportion of people with knowledge of a certain subject, and infection rates, which can be tracked over time to define and measure change.

The development of good indicators requires clarity about the purposes of interventions. Indicators should therefore be directly related to the goal, aims, objectives and activities set out in intervention planning documents.

Key issues in indicator development

Some aspects of a sex work intervention can be easily identified and counted, such as the numbers of condoms distributed or numbers of patients attending a clinic or the number of sex workers with STI symptoms.

The precise measurement of change in disease rates usually requires technical assistance.

Other information however, such as information on the enabling environment or on empowerment, may be highly descriptive or qualitative. It cannot be easily counted but needs to be documented through regular discussions and reviews of key events, opinions and perceived changes. In particular, psychological, political and socioeconomic impacts can be comparatively difficult to analyse as they involve complex concepts and processes. It may be possible to develop quantitative *proxy indicators* that are thought to be associated with a complex concept, for example a proxy indicator of empowerment might be the freedom to leave a brothel, the freedom to vote or the ability to refuse unsafe sex with a client.

Design of monitoring and evaluation systems

Monitoring and evaluation should include all those activities associated with or affected by the intervention in question.

Monitoring

Monitoring can involve specially designed activities, such as regular meetings with sex workers or project staff in order to assess their opinions on project activities or to discuss the analysis of field notes. Other monitoring activities can be incorporated into routine project recording systems that are collated and analysed at regular intervals, such as records of condom distribution or patient numbers.

Reference N° 4.5: *International HIV/AIDS Alliance (2001): Documenting and Communicating HIV/AIDS Work*
Reference N° 3.3: *WHO/WPRO (2001): Promoting Condoms in Clinics for Sexually Transmitted Infections*

Evaluation

Decisions have to be taken at the beginning of an intervention about the rigour with which a project is to be evaluated. If, for example, the intervention is taking place at a pilot or demonstration site, it may be necessary to establish statistical associations between intervention inputs and outputs or to compare one intervention site with another or with a control group. Such evaluations usually require outside technical assistance. For most interventions, however, it is usually enough to demonstrate that changes are occurring in key areas of interest.

Reference N° 9: *Europap: General Conclusions and Recommendations*
Reference N° 6.3: *UNAIDS (2000): Evaluation of the 100% Condom Use Programme in Thailand*
Reference N° 6.4: *UNAIDS (2002): an Evaluation of the Pilot One Hundred per Cent Condom Use Programme in Myanmar*

Methods

Both monitoring and evaluation can use a variety of quantitative, qualitative and participatory methods. Quantitative measurement enables easy comparison of changes over time, and qualitative methods are useful for obtaining insights into community perceptions and processes of change.

Simple participatory tools can be developed to facilitate community involvement even if the participants are not literate, e.g. the use of maps, beads, charts, pictures or colour codes.

Reference N° 6.5: *Butcher, K., et al (2000): A New Approach to Evaluating a Peer Education Programme for Sex Workers*
Reference N° 4.3: *UNAIDS/LSHTM (1999): Sex Worker Intervention Impact Model*
Reference N° 2.4: *The Synergy Project (2000): HIV/AIDS APDIME Programming Toolkit*

Analysis

It is important to define how much information is needed and to determine the local capacity for analysis. The accumulation of too many data or the collection of data that are too complicated for analysis at the local level are common mistakes.

Key issues

It is important to feed back the information obtained from monitoring and evaluation to different stakeholder groups and to use it so that ways can be considered for changing, developing or expanding the project in question. The results of evaluations can be powerful advocacy tools with which to lobby for further funding, replication, expansion or social/policy changes.

ANNEX

Annotated References

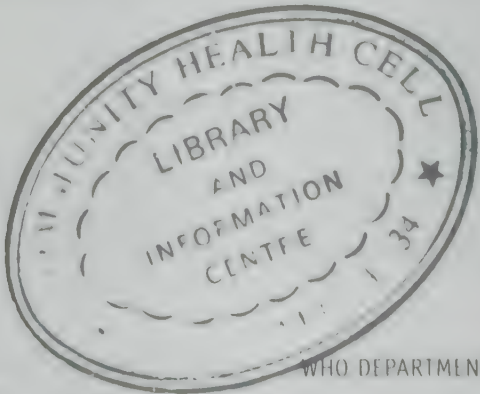
<i>Planning, design, implementation, case study, policy, vulnerability</i>		Eng Fr Russ Span
1	Sex work and HIV/AIDS	
	UNAIDS Technical Update June 2002	
	<p>This technical update is a good starting point for getting familiar with key issues in sex work interventions. It sets out a conceptual framework that covers:</p> <ul style="list-style-type: none">– how to understand the nature sex work– the diversity of sex work, of its social context and of related policies– the nature of sex workers’ vulnerability to HIV. <p>Vulnerability is conceptualised at 3 levels: individual, community and policy-related. The report describes key socio-cultural, legal and health service challenges in addressing sex workers’ vulnerability, including the challenge of providing services for migrant and HIV positive sex workers. A final section on responses outlines key guiding principles and describes different strategies that address individual, community, and policy level contexts of vulnerability, and includes case studies of effective interventions.</p>	
	<p>UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaid@unaid.org www.dec.org/pdf_docs/PNACP800.pdf</p>	
<i>Nigeria, training, implementation</i>		Eng
2	AIDS Prevention A Guide for Working with Commercial Sex Workers Experiences from Calabar, Nigeria	
	<p>Esu-Williams, E. et al., 1993 Cross River State AIDS Committee Calabar, Nigeria AIDSTECH, Family Health International</p>	
	<p>This manual is about implementing HIV/AIDS prevention programmes aimed at commercial sex workers, their clients and sexual partners. It can be used by anyone who wants to work with CSW, whether with formal training in public health or not.</p>	
	<p>AIDSTECH, Family Health International P.O. Box 13950 Research Triangle Park, NC 27709 U.S.A. Tel: +1 919 544 7040 Fax: +1 919 544 7261 www.who arvkit.net/sw/media/AIDS_Prevention_SW_Nigeria.pdf</p>	

<i>Assessment, Asia,</i>		Eng
3	Sex work in Asia	
	WHO, WPRO July 2001	
	Brief overview of the nature and extent of sex work in Asia. The report stresses the difficulty of constructing an accurate picture, due to lack of information on key segments of the sex trade, and because of conflicting reports given by organizations and individuals writing from different political and ideological standpoints. Includes brief country reports.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +63 2528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/themes_focuses/theme1/focus4/pub_doc.asp	

<i>Homosexuality, bisexuality, MSM, Latin America</i>		Eng
4	AIDS and Male-to-Male Sex in Latin America: Vulnerabilities, strengths and proposed measures – Perspectives and reflections from the point of view of public health, social sciences and activism.	
	Cáceres, C.F. et al (Editors) UPCH/UNAIDS, February 2003 214 pages	
	The main aim of this book is to provide persons who design, implement, or fund programs and projects in the area of public health and HIV/AIDS with instruments to better examine the dynamic scale of the HIV epidemic among MSM, and implement better responses to the epidemic. Attached is a CD-ROM with review of research conducted in Latin America between 1987 and 1998 on different aspects of HIV in MSM populations.	
	Research Network on MSM and HIV/AIDS in Latin America Facultad de Salud Pública y Administración de la Universidad Peruana Cayetano Heredia Av. Armendáriz 445, Miraflores Lima 18, Peru Tel: + 51 1 241 6929 Fax: + 51 1 241 8334 Ccaceres@upch.edu.pe www.upch.edu.pe www.unaids.org www.who.arvkit.net/sw/media/AIDS_MSMLatinAmerica.pdf	

Strategies, policy		Eng
6	Sex Workers: Part of the Solution	
	An analysis of HIV prevention programming to prevent HIV transmission during commercial sex in developing countries	
	Cheryl Overs, 2002	
	<p>This paper reviews the ideas and principles of bringing together epidemiological data operations and behavioural research, project report and, most importantly, information from communities themselves, practical strategies, guiding principles and measures of success and presents examples of how they work in practice. It identifies processes for adapting, combining and implementing strategies to maximize their impact on epidemics locally and nationally and raises a series of challenges and questions for implementing agencies and policy makers.</p>	
	<p>HIV/AIDS Alliance Queensberry House 104–106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718 900 Fax: +44 1273 718 901 www.aidsalliance.org mail@aidalliance.org www.nswp.org/safety/SOLUTION.DOC</p>	

<i>Human rights, mandatory testing</i>		Eng
7	Public health and the human rights of sex workers	
	<p>THE LANCET, Vol 361, June 7 Wolffers, Ivan; van Beelen, Nel wolffers.social@med.vu.nl Vrije Universiteit Medical Centre, Amsterdam, Netherlands</p>	
	<p>Article, which discusses the importance of a human rights approach in public health interventions for sex workers.</p>	
	<p>The Lancet Customer Services Elsevier Ltd. The Boulevard Langford Lane Kidlington Oxford OX5 1GB UK Tel: +44 1865 843077 Fax: +44 1865 843970 custserv@lancet.com www.thelancet.com www.thelancet.com/pdfdownload?uid=llan.361.9373.health_and_human_rights.25946.1&x=x.pdf</p>	



DIS-325
08902 105

<i>Legal status, migrant, mobile, Europe, policy</i>		Eng
8	Policies on Sex Work and Health	
	European Network for HIV/STD Prevention in Prostitution (Europap/Tampep 4) London, 1999	
	Analyzes the impact of sex-work-related legal and health policies in European countries on sex workers' sexual health, and upon strategies for health promotion. Special reference is made to the impact of current policies on migrant sex workers' health.	
	Europap, Department of Epidemiology and Public Health Imperial College School of Medicine, Norfolk Place, London W2 1PG U.K. Tel: +44 20 7594 3303 www.europap.net info@europap.net www.europap.net/dl/archive/publications/Policies.pdf	

<i>Programme design, implementation, evaluation, policy, Europe</i>		Eng Dan Ger Esp Fin Fr Ital Dutc Pol Swed
9	General Conclusions and Recommendations	
	Mak, Rudolf P. EUROPAP	
	A report of a meeting of sex work sexual health service providers that are part of the EUROPAP network. Based on the extensive experience of EUROPAP members from many different countries in Europe, it presents a series of recommendations and conclusions concerning aspects of sex work related law, policy and appropriate health service delivery. It describes current good practice and concludes with a section on project evaluation, including a list of relevant indicators.	
	Europap, Department of Epidemiology and Public Health Imperial College School of Medicine Norfolk Place London W2 1PG U.K. Tel: +44 20 7594 3303 www.europap.net info@europap.net www.europap.net/dl/archive/articles/recommendations/ENGLISH.pdf www.europap.net/publications	

<i>Policy, community development, human rights, migrant, transgender, male, IDU, programme management, programme design, assessment, monitoring, evaluation</i>		Eng Esp
1.1	Making Sex Work Safe	
	Network of Sex Work Projects, 1997	
	A practical guide for programme managers, policy makers and field workers, this handbook uses many case studies to explore the issues and challenges facing different types of sex workers and sex work health programmes and provides many practical suggestions for project development, management, monitoring and evaluation. It adopts a strong focus on promoting community development approaches and human rights. There are sections on migrant, male, transgender and IDU sex workers. It includes examples of educational materials and activities, suggestions for further reading and a list of key contacts.	
	Network of Sex Work Projects P.O. Box 13914 Mowbray 7705 Rep.of South Africa Tel: +27 21448 2883 Fax: +27 21 448 4947 www.nswp.org/safety/msws/index.html	
<i>Europe, services, policy, migrant, mobile, IDU, male, transgender, peer education, management, programme design, assessment, monitoring, evaluation</i>		Eng Esp Greek Ger
1.2	Hustling for Health	
	European network for HIV/STD Prevention in Prostitution (EUROPAP/TAMPEP) 1998	
	Excellent practical manual written by experienced sex worker groups and service providers that describes in detail how to set up, organize, implement, manage, monitor and evaluate a range of sexual health services for sex workers. Refers primarily to a European context but issues discussed are more broadly applicable. Good section on peer education and cultural mediators. Specific sections on programmes for migrant, male, transgender and drug-using sex workers.	
	EUROPAP, Department of Epidemiology and Public Health Imperial College School of Medicine Norfolk Place London W2 1PG U.K. Tel: +44 20 7594 3303 www.europap.net info@europap.net www.europap.net/dl/archive/publications/H4H%20UK_version.pdf	

<i>Training, toolkit, assessment, planning, design, implementation, monitoring, evaluation</i>		Eng
1.3	HIV/AIDS APDIME Programming Toolkit, Version 1.0	
	The Synergy Project, University of Washington, Centre for Health Education and Research 2000	
	This is both a training and resource toolkit. Detailed on-line modules guide program managers through all stages of the program cycle (assessment, planning, design, implementation, monitoring and evaluation), and provide practical advice and step by step guidance on the process. An on-line library supports these modules with access to over 700 materials and resources. Many of these relate to sex work. Use together with the tool "Preventing HIV Migrant Work Settings" Page 37. Available as CD-ROM	
	The Synergy Project Social & Scientific Systems Inc 1101 Vermont Avenue NW Suite 900 Washington D.C. 20005 USA Tel: +1 202 842 2939 Fax: +1 202 842 7646 jleonard@s-3.com www.SynergyAIDS.com www.synergyaids.com/apdime/index.htm#	

<i>South Asia, Bangladesh, Sonagachi, India, peer education, behavior change</i>		Eng
1.4	Guidelines for Behavior Change Interventions to Prevent HIV- Sharing Lessons from an Experience in Bangladesh	
	UNAIDS Inter Country Team for South Asia, New Delhi	
	this document provides detailed guidelines on all aspects of developing, implementing and managing sexual health interventions with sex workers. Detailed section on use of peer education. Emphasizes strategies for sex worker empowerment and promotion of an enabling environment for behaviour change. Relates to a South Asian context (Bangladesh), but insights are more widely applicable.	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.unaids.org www.who arvkit.net/sw/media/Guidelines_behavior_change_Bangladesh.pdf	

<i>Assessment, STD, data analysis, data utilization</i>		Eng
1.5	The Manual for Targeted Intervention Research on Sexually Transmitted Diseases with Community Members	
	AIDSCAP/FHI (1996)	
	Step by step guide for programme managers on conducting research with community members to explore STD-related beliefs, practices and health seeking behaviour, and perceptions of STD services. Can be adapted together with no 1.6 to the commercial sex context. Includes sample question guides and advice on data analysis and utilization of results. Only available as a Hard Copy.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org	

<i>Assessment, STD, condom use, Philippines, clients</i>		Eng
1.6	Targeted Intervention Research on Sexually Transmitted Diseases in the Setting of Commercial Sex: Metro Manila and Metro Cebu	
	AIDSCAP/FHI (1996)	
	Best used together with no 1.5. Describes the use of tools and methods to explore sex workers' and clients' STD-related beliefs, practices and health seeking behaviour, and perceptions of STD services. Also explored factors affecting condom use. Undertaken in the Philippines. Only available as a Hard Copy.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org	

<i>Assessment, size estimation, population</i>		Eng
1.7	Estimating the Size of Populations at Risk for HIV: Issues and Methods	
	Pisani E., UNAIDS/IMPACT/FHI, May 2002	
	This document discusses the major methods available for population size estimation, with their strengths and weaknesses, and gives examples. It explores how to choose the right method for a given country situation and sub-population. It includes reflections on what may be appropriate in sex work situations (p.31) and an exercise on how to estimate the number of sex workers and clients (p.36).	
	UNAIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.unaids.org www.unaids.org/html/pub/publications/external-documents/estimatingpopsizes_en_pdf.htm	

<i>Assessment, mapping, tool, size estimation, behavioral surveillance, Asia</i>		Eng
1.8	Size Estimation and Mapping: Monitoring Behaviors as a Component of Second Generation Surveillance in Asia, 13-15 May 2002	
	Family Health International. Kabore, I., Wuleta, L., Sidel, T. May 2002	
	Tool for Size Estimation and Mapping of Hard to Reach Populations, including sex workers. Describes the different purposes, types and techniques of size estimation, geographic and ethnographic mapping. First draft. Only available as a hard copy .	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org	

<i>Assessment, research, mapping, ethnographic, qualitative, India</i>		Eng
1.10	High Risk Behaviour Research Kit	
	National AIDS Control Organisation (NACO) (1994)	
	Comprehensive manual on “how to do” situation assessment research among vulnerable groups, including sex workers. Originally designed to inform a pan-Indian study on high risk behaviour, but contents are widely applicable. Includes sections on design, methodology, data analysis and report writing. Emphasizes ethnographic and qualitative methods and mapping techniques. Includes useful question guides. Gives helpful tips and advice. Only available as a Hard Copy .	
	National AIDS Control Organisation Ministry of Health & Family Welfare Government of India 9th Floor, Chandralok Building 36, Janpath New Delhi 110001 India Tel: +91 23325343, +91 23731774, +91 23731778 Fax: +91 23731746	

<i>West Africa, Central Africa, resource mobilization, situational analysis</i>		Eng Fr
1.11	A Situational Analysis Guide on Sex Work in West and Central Africa	
	UNAIDS Inter-Country Team for West and Central Africa, June 2000	
	This guide consists of 4 sections including: 1) a situational analysis; 2) a response analysis; 3) the formulation of a strategic plan and; 4) the mobilization of resources. The methodological situational analysis guide of sex work falls within the strategic perspective proposed by UNAIDS (sections 1 to 3) and, based on various field experiences, proposes a tool that could be adapted to the particular conditions characterizing sex work in the different sites. More precisely, the guide addresses itself to the various institutions working on intervention among sex workers in West Africa: national programs, non-governmental organizations, international donor organizations, etc.	
	UNAIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaid@unaid.org www.unaid.org www.onusida-aoc.org/Eng/Publications/Guide%20on%20Sex%20Work.htm	

<i>Assessment, research, mapping, inventory, ethnographic, behavioral survey, Africa</i>		Eng
1.12	HIV/AIDS Rapid Assessment Guide	
	PSG/FHI/Impact	
	Five easy to use research tools designed to provide programme managers with a spatial, qualitative and quantitative overview of a project area. Includes a mapping guide, a site inventory, an ethnographic guide and rapid behavioral survey. Provides sample tools related to commercial sex. Designed for an African context but widely applicable.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: + 1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org www.who.arvkit.net/sw/media/HIV_AIDS__Rapid_Assessment_Guide.pdf	

<i>Assessment, substance use</i>		Eng
1.13	Sex-RAR Guide: The Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour	
	WHO/UNAIDS 2002	
	This guide describes how to use Rapid Assessment and Response methods to both profile local substance use and sexual risk behaviours, and to identify appropriate intervention responses in time and resource poor settings, when data is needed quickly. Written primarily for principal investigators, researchers, programme field staff, and key community stakeholders, the guide aims to provide help in identifying the relationships between substance use and sexual behaviour in the local area; describing the adverse health consequences associated with these behaviours; and assessing the existing capacity and opportunities for intervention development.	
	World Health Organization 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 4530 Fax: +41 22 791 1580 www.who.int www.who.int/mental_health/media/en/686.pdf	

<i>Community building, Management</i>		Eng Span Port
2.1	Pathways to Partnerships – Toolkit	
	The International HIV/AIDS Alliance, July 2002	
	Training tool how to make a plan for building partnerships, to build specific skills and to share experiences. The toolkit is suitable for use with NGOs and community groups with varied levels of experience in building partnerships.	
	HIV/AIDS Alliance Queensberry House 104–106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718 900 Fax: +44 1273 718 901 mail@aidsalliance.org www.aidsalliance.org/_res/training/Toolkits/Pathways/Pathways%20(Eng).pdf	

<i>Brazil, Cambodia, DR, India</i>		Eng
2.2	Horizons report: New approaches to sex work and HIV/AIDS	
	Horizons/Pop Council	
	Summarizes all four Pop Council studies in Brazil, Cambodia, DR and India	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008 USA Tel: +1 202 237 9400 Fax: +1 202 237 8410 horizons@pcdc.org www.popcouncil.org/horizons www.popcouncil.org/horizons/newsletter/horizons_report.html www.who.arvkit.net/sw/media/Horizons_Report.pdf	

<i>Male sex worker, MSM</i>		Eng
2.3	BETWEEN MEN	
	HIV/AIDS prevention for men who have sex with men	
	International HIV/AIDS Alliance, August 2003	
	<p>The booklet gives an overview of basic issues for men who have sex with men in the context of HIV and other STIs and provides ideas for developing prevention programmes with and for men who have sex with men. Special issues about sex work – p.14</p>	
	<p>International HIV/AIDS Alliance Queensberry House 104-106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718900 Fax: +44 1273 718901 www.aidsalliance.org publications@aidsalliance.org Only available as a Hard Copy</p>	

<i>Brothel, implementation, case study, planning</i>		Eng
2.4	Room for change: Preventing HIV transmission in brothels	
	The Synergy Project, University of Washington, Centre for Health Education and Research 2002	
	<p>This tool aims to assist program managers and implementers in developing an appropriate conceptual framework to inform HIV prevention programmes among sex workers who operate in brothel-like settings. It sets out four conceptual levels of causation of HIV vulnerability (individual, institutional/environmental, community/structural, societal/super-structural), and analyzes the role of each level in relation to HIV risk in sex work. This analysis is backed up by case study examples of interventions in many different regions, which include a cost/resource analysis. The conclusion sets out a checklist of characteristics of effective interventions (p.136) and, based on the case studies reviewed, suggests a range of possible interventions for each level and context of risk (p.133-140). Ideally, this should be read together with tool N°. 1.3. This is a very large document – programme managers in a hurry, should focus on the introduction and conclusion.</p>	
	<p>The Synergy Project 1101 Vermont Avenue, NW, Suite 900 Washington, DC 20005, USA Tel: +1 202 842 2939 Fax: +1 202 842 7646 www.SynergyAIDS.com www.synergyaids.com/documents/Submodulebrothel.pdf</p>	

<i>MEASURE, mapping, South Africa</i>		Eng
2.5	Guidelines for the Establishment of High Transmission Area Projects – Within District HIV/AIDS/STI Control and Care Programmes	
	The EQUITY Project, 2003	
	This document describes a set of activities which should form an effective project within a broader HIV/AIDS control programme. It provides guidelines on using the methods and shows how to initiate interventions needed to diminish the high rate of new STI/HIV infections in high transmission areas. Only available as a Hard Copy .	
	The Equity Project South African Nursing Council Building, 3rd Floor, 602 Pretorius Street Arcadia, Pretoria, 0007 South Africa Tel: +12 3446118/9 Fax: +12 3446115 info@equityproject.co.za www.equityproject.co.za	

<i>Male sex worker, training, planning</i>		Eng
2.6	Manual: Tips, Tricks and models of good practice for service providers considering, planning or implementing services for male sex workers.	
	European Network Male Prostitution	
	This Manual compiles models of good practice and gathers practical oriented key issues like starting activities, methods and services, training, networking and data collection.	
	Foundation AMOC/DHV ENMP Project Manager Stadhouderskade 159 1074 BC Amsterdam The Netherlands Tel: +31 20 672 1192 kschiffer@amoc.demon.nl www.enmp.org www.enmp.org/download/MANUAL11.pdf	

<i>Morocco, Cameroon, Venezuela, Papua New Guinea, Case Study, implementation, male sex worker</i>		Eng Fr Esp
3.1	Innovative Approaches to HIV Prevention	
	UNAIDS 2000	
	The report provides examples of HIV interventions conducted among various vulnerable groups, including sex workers (p. 38–48). It aims to inspire ideas for programme design through the presentation of four sex work intervention case studies in diverse settings. Each case study describes different strategies varying from peer outreach to drama workshops, drop in centres and support of human and civil rights. Each stresses the need to address the social context of the sex trade as well as individual behaviour change.	
	UNAIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.unaids.org www.unaids.org/publications/documents/care/general/JC414-InnovAppr-E.pdf	

<i>STI services, planning, management, VCT, condoms</i>		Eng
3.3	Promoting condoms in clinics for sexually transmitted infections	
	WHO, WPRO 2001	
	This guide aims to help STI programme planners and managers to improve condom promotion among STI patients. It reviews the major areas in condom promotion for STI services, including: creating a favorable environment; training service providers; counseling clients on condom use; managing condom supplies; and monitoring condom use. Some additional resources and sample exercises are also outlined.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +63 2528 8001 Fax: + 63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/themes_focuses/theme1/focus4/PUB_doc.asp	

<i>Female condom, implementation, monitoring, evaluation</i>		Eng
3.4	The Female Condom A Guide for planning and programming	
	WHO/UNAIDS 2000	
	General guide to design, implement and monitor the introduction of the female condom in a range of different settings.	
	World Health Organization 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 4530 Fax: +41 22 791 1580 www.who.int www.who.int/reproductive-health/publications/RHR_00_8/PDF/RHR_00_8_table_of_contents_pdf_en.html	

<i>IEC, Philippines, training</i>		Eng Tagalog
3.5	The Educational package on HIV/AIDS/STI Prevention for Clients of Social Hygiene Clinics	
	Department of Health National AIDS/STI Prevention and Control Program Republic of the Philippines Japan International Cooperation Agency (JICA)	
	An educational package on the prevention and control of AIDS and STIs, which consists of a manual, video tapes and transparencies. It is designed to be used by health educators who work with sex workers at 'social hygiene' and other STI clinics. Only available as hard copy: Manual with video tapes and transparencies.	
	Japan International Cooperation Agency 6-13F, Shinjuku Maynds Tower 1-1, Yoyogi 2-chome, Shibuya-ku, Tokyo 151-8558 Japan Tel: +81 3-5352-5311/5312 www.jica.go.jp/	

Videotape, IEC, Philippines, training		Eng
3.6	Ligaya's Choices Unit 2 Intervention Module	
	Department of Health National AIDS/STI Prevention and Control Program Republic of the Philippines Japan International Cooperation Agency (JICA)	
	Video tape. Part of the Educational Package on HIV/AIDS/STI Prevention for Clients of Social Hygiene Clinics. See tool 3.5.	
	Japan International Cooperation Agency 6-13F, Shinjuku Maynds Tower 1-1, Yoyogi 2-chome, Shibuya-ku, Tokyo 151-8558 Japan Tel: +81 3-5352-5311/5312 www.jica.go.jp/	

Safe Sex, IEC		Eng
3.7	Augusta's Way – Safe Sex	
	TAMPEP Italy, 1994	
	Booklet including comic strip addressed to sex workers with information about the most common STIs, and how to prevent it by safe sex practices.	
	EUROPAP, Department of Epidemiology and Public Health Imperial College School of Medicine Norfolk Place London W2 1PG United Kingdom Tel: +44 20 7594 3303 www.europap.net info@europap.net CD-ROM to order at: www.tampep.com/content.html#	

<i>IEC, CD-ROM, implementation, Europe, migrant, training</i>		Eng
3.8	Multi-lingual information and education materials for sex workers	
	Transnational AIDS/STI Prevention among Migrant Prostitutes in Europe / Project (TAMPEP) International Foundation, 2002	
	This CD-Rom contains a range of resources developed by TAMPEP to support health promotion interventions with migrant sex workers throughout Europe. These educational materials are available in different languages and are designed to be used in drop in centres and during street outreach. The CD includes guidelines for programme implementation, information about TAMPEP, training manuals for project workers and peer educators, and IEC leaflets for sex workers, including transgender sex workers.	
	TAMPEP International Foundation Coordination Centre Westermarkt 4 1016 DK Amsterdam The Netherlands Tel: +31 20 624 71 49 Fax: +31 20 624 65 29 tampep@xs4all.nl www.tampep.com	

<i>Community, research, Malawi, Burkina Faso, Ecuador, India, Zambia</i>		Eng
3.9	Community Mobilization and Involvement	
	Horizons, Popcouncil, July 2000	
	Community based research update, examining the involvement of people living with HIV/AIDS (PLHA) in the delivery of community based prevention, care and support.	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008, USA Tel: +1 202 237 9400 Fax: +1 202 237 8410 popcouncil@pcdc.org www.popcouncil.org/horizons www.popcouncil.org/pdfs/horizons/rs/re_comm_mobilization.pdf	

<i>India, Sonagachi, case study, community development, monitoring, evaluation, implementation, Kolkata, India</i>		Eng
3.10	The Role of Community Development Approaches in Ensuring the Effectiveness and Sustainability of Interventions to Reduce HIV Transmission through Commercial Sex: Case Study of the Sonagachi Project, Kolkata, India	
	Sonagachi Project, Kolkata, India Horizons/Population Council, New Dehli, India Horizons/Johns Hopkins School of Public Health, Baltimore, Maryland, 2002	
	A detailed case study and research project of the Sonagachi Project in Calcutta that provides preliminary evidence of the positive association between certain aspects of community development and condom use, and also provides valuable insights into the process of developing related indicators. Participatory qualitative research revealed 5 conceptual areas and related intervention strategies that played a key role in facilitating an enabling environment and sex workers' empowerment. Indicators to measure achievements in each of these areas were developed and their association with consistent condom use was measured through bi-variety and multi-variety analysis.	
	Population Council India (Regional Office) Zone 5A, Ground Floor India Habitat Centre, Lodi Road New Delhi 110003 India Tel: +91 11 2 464 2901/2 Fax: +91 11 2 464 2903 monica@pcindia.org FRONTIERS/Publications inquiries: frontiers@pcindia.org www.popcouncil.org/horizons Only available as a hard copy, please contact: Catrin.Evans@nottingham.ac.uk	

Community development, monitoring, evaluation, case study, programme design		Eng
3.11	An International Review of the Rationale, Role and Evaluation of Community Development Approaches in Interventions to Reduce HIV Transmission in Sex Work	
	Evans, C. – Prepared for the Horizons Project Population Council Regional Office for South & East Asia, New Delhi, India. Jan. 1999	
	A review to assess the rationale, role and evaluation of community development approaches in interventions to reduce HIV transmission in sex work. It consists of four parts: – 1. The theoretical rationale for community development in sex work interventions, 2. Lessons learnt from case studies of interventions in diverse regions that use a community development approach, 3. Critical issues for the evaluation of community development approaches, and, 4. Conclusions. This report is a useful background document to assist with project design, and development of evaluation strategies. Can be read together with tool no.27. Only available as a hard copy.	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008, USA Tel: +1 202 237 9400 Fax: +1 202 237 8410 popcouncil@pcdc.org www.popcouncil.org/horizons	

100%CUP, condom, Asia, Viet Nam, China, Myanmar, Philippines, Mongolia, Laos		Eng
3.12	Experiences of 100% condom use programme in selected countries of Asia.	
	WHO/WPRO 2004	
	This document reviews the growing experience with the 100% CUP in countries in the Asian region and to elucidate lessons learnt and challenges that remain.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +63 2528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/pdf/pub/unit_sti/100_condom_program_experience.pdf	

<i>Brothel, 100% CUP, condom, planning, policy, Thailand, Cambodia</i>		Eng
3.13	100% condom use programme in entertainment establishments	
	WHO, WPRO 2000	
	This guide is written for decision-makers and technical staff in the different departments, including Ministries of Health. It sets out the rationale for the programme and describes the steps for its initiation in pilot areas and subsequent national expansion. Gives case studies of Thailand and Cambodia.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/pdf/condom.pdf	

<i>100% CUP, condom, case study, Cambodia</i>		Eng
3.14	Guidelines for scaling-up the 100% condom use programme. Experience from Cambodia	
	WHO, WPRO 200	
	This brochure is a guide on how the 100% CUP can be expanded nation wide once it has been piloted in one or more demonstration sites in a country. The example taken is from Cambodia.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/themes_focuses/theme1/focus4/glines_condom_cam.pdf	

<i>Condom, STD</i>		Eng
3.15	Responding to Questions About the 100% Condom Use Programme	
	WHO-WPRO, 2003	
	This document is intended to support the 100% CUP technical staff to anticipate the kinds of questions that may be asked about the programme; and, begin to plan the approach and to identify points of information that may help to respond in their settings. Contained in this document are a sample of 25 questions.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/themes_focuses/theme1/focus4/pub_doc.asp	

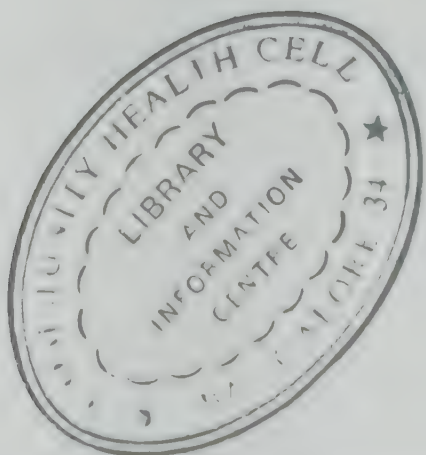
<i>100% CUP, Thailand, Myanmar, Vietnam, Cambodia, STI, condom</i>		Eng
3.16	The 100 Per Cent Condom Use Programme: A Success Story	
	Rojanapithayakorn, W. in: The Journal of Health Management, 5, 2 (2003)	
	Short overview about the main strategies and achievements of the 100% Condom Use Program in Thailand and other Asian Countries. Only available as hard copy.	
	The Journal Health Management, edited by Indian Institute of Health Management Research, Jaipur www.iihmr.org Published by: Sage Publications India Pvt Ltd B-42 Panchsheel Enclave New Delhi 110 017, India Tel: +91 11 2649 1290 Fax: +91 11 2649 2117 sage@vsnl.com journalsubs@indiasage.com	

100% CUP, Cambodia, condom		Eng
3.17	Documenting the Experiences of Sex Worker	
	Report to the POLICY Project, David Lowe Consulting – Asia, Lowe, D., March 2003	
	This report documents the experiences of 150 sex workers in Cambodia’s 100% CUP and explores how the program contributes to or hinders the delivery of effective interventions to prevent transmission of HIV and other STIs. Using this analysis, the report makes recommendations on how HIV/STI interventions can be enhanced. This study is a qualitative assessment of sex workers’ perspective on the 100% CUP.	
	Policy Project c/o Futures Group One Thomas Circle, NW, Suite 200 Washington, DC 20005 USA Tel: +1 202 775 9680 Fax: +1 202 775 9694/9698/9699 policyinfo@tfgi.com www.policyproject.com www.nswp.org/safety/CUP-REPORT.DOC	

STI services, VCT, 100% CUP, condom, BCC		Eng
3.18	Guidelines for the management of STI in Female Sex Workers	
	WHO, WPRO 2002	
	These are guidelines for public health specialists and health professionals on how to develop or improve STI services for female sex workers. The report includes sections on clinical care, HIV counselling and testing, education for behaviour change, promoting the use of condoms and social services. The guidelines were written to inform the STI management component of 100% condom use programmes.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +63 2528 8001 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/pdf/sti/STI_guidelines.pdf	

Madagascar, management, STI		Eng
3.19	Evidence-based treatment guidelines for sexually transmitted infections developed with and for female sex workers	
	F.M.T.F. Behets et al. – in: Tropical Medicine and International Health, Vol 8/No 3 PP 251-258, March 2003	
	Research paper with guidelines for management and treatment of sexually transmitted infections in sex workers in Madagascar.	
	Corresponding author: F.M.T.F. Behets, School of Public Health, University of North Carolina at Chapel Hill, 2102A McGavran-Greenberg Hall, CB 7435, Chapel Hill, NC 27599-7400, USA Tel: +1 919 966 7440 Fax: +1 919 966 2089 frieda_behets@unc.edu www.blackwell-synergy.com/links/doi/10.1046/j.1365-3156.2003.01017.x/full/ www.blackwell-synergy.com/links/toc/tmi/8/3	

STI, Tanzania, Uganda		Eng
3.20	Control of sexual transmitted infections (STI) HIV/AIDS Fact Sheets	
	FHI 2003	
	This short summary is out of a series of fact sheets which offers comprehensive, state-of-the-art information on virtually every aspect of HIV/AIDS prevention, care, and mitigation. Strategic on how to reach population groups.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax +1 703 516 9781 www.FHI.org/en/HIVAIDS/FactSheets/sticontrol.htm	



DIS-235
08102

<i>Treatment, Côte d'Ivoire, STI</i>		Fr
3.21	Algorithmes de Diagnostic et Traitement des IST chez les Femmes à la Clinique de Confiance	
	Institute of Tropical Medicine/Centers for Disease Control and Prevention, Antwerpen Clinique de Confiance, Côte d'Ivoire, 2002	
	This table gives an overview how to diagnose and treat STIs. Only available as hard copy. Aperçu des traitements des IST.	
	High Risk Populations Interventions Projet RETRO-CI Côte d'Ivoire Tel: +225 21 21 42 57 Fax: +225 21 24 29 69	

<i>Programme design, Germany, Europe, IEC/BCC, STI</i>		Eng Russ Ger Pol Thai
3.22	Health Portfolio	
	Hydra e.V.	
	An information guide to promote safe sex work in Germany. This manual gives simple but detailed explanations on all occupational hazards, including STIs, safer sexual practices, drug use, police raids and legal problems. It is aimed at sex workers but might also be useful for programme managers to consider adapting for use within their projects.	
	Hydra e.V. Koepenicker Str. 187-188 10997 Berlin Germany Tel: +49 30 6110023 Fax: +49 30 6110021 www.hydra-ev.org hydra@ipn-b.de www.who.arvkit.net/sw/media/D:/Health_Portfolio_eng.pdf	

<i>NGO, Toolkit</i>		Eng Port
4.1	HIV/AIDS Alliance NGO Support Toolkit	
	International HIV/AIDS Alliance	
	<p>This toolkit is an electronic library of resources about NGO/CBO support that has been collated by the Alliance from a wide range of organizations, based on the understanding that there are many viable approaches to NGO/CBO support programming such as situation assessments, monitoring and evaluation, technical support and grant provision. It brings together resources for people who are establishing, managing or studying HIV/AIDS NGO/CBO support programmes. Additionally accessible as CD-ROM</p>	
	<p>HIV/AIDS Alliance Queensberry House 104–106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718 900 Fax: +44 1273 718 901 www.aidsalliance.org mail@aidalliance.org www.aidsalliance.org/eng/</p>	
<i>Financing, management, funding</i>		Eng Span Port
4.2	Raising Funds and Mobilising Resources for HIV/AIDS Work – A Toolkit to support NGOs/CBOs	
	The International HIV/AIDS Alliance, June 2002	
	<p>This toolkit introduces an approach to planning and carrying out resource mobilization strategically and systematically for HIV/AIDS work. The toolkit provides a collection of information and skills-building activities focusing on resource mobilization, rather than fundraising.</p>	
	<p>The International HIV/AIDS Alliance Queensberry House 104–106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718 900 Fax: +44 1273 718 901 mail@aidalliance.org www.aidsalliance.org/_res/training/Toolkits/Resource/Resource%20(Eng).pdf</p>	

<i>Cost-effectiveness, impact assessment, monitoring, evaluation</i>		Eng
4.3	Sex Worker Intervention Impact Model	
	UNAIDS/LSHTM, 1999	
	<p>This document is the user manual for the “Sex Work Intervention Impact Model” (version 3.0). The model is part of “HIV Tools”, a suite of impact and cost-effectiveness simulation models. Sex Work 3.0, provides estimates of the impact of interventions on the overall patterns of HIV/STD transmission among sex workers and their clients, and the numbers of HIV infections averted over a specified time. It can also be used to estimate the impact of different policy options, and the cost-effectiveness of different intervention activities. The model was designed to be simple and user-friendly so that it is accessible to programme managers and policy-makers, and can use types of data already being collected in monitoring and evaluations activities. The user manual is written in clear and direct language and includes instructions for installing the software, which is available at no cost from UNAIDS.</p>	
	<p>UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.unaids.org www.iaen.org/files.cgi/240_sexwk_man.pdf</p>	

<i>Media, gender, training</i>		Eng
4.4	Media Training Manual: Gender, HIV/AIDS and Rights	
	Inter Press Service International Association (IPS), 2002	
	<p>Training manual for the media on how to report on HIV/AIDS from a gender and rights perspective. Target audience are primarily journalists working in the print media. (Not specific on sex work)</p>	
	<p>IPS Inter Press Service International Association, Head Office Via Panisperna 207, 00184 Rome, Italy Tel: +39 06 485 692 Fax: +39 06 481 7877 romaser@ips.org www.ipsnews.net/aids_2002/ipsgender2003.pdf</p>	

<i>Management, evaluation, monitoring</i>		Eng
4.5	Documenting and Communicating HIV/AIDS Work	
	The International HIV/AIDS Alliance, October 2001	
	This toolkit is about documentation and communication work, addressed to NGOs/ CBOs involved in HIV/AIDS. It shows practical ways to record, learn from and share experiences, results and lessons learnt. The types of products involved include case studies, reports, photo-story books and newsletters.	
	The International HIV/AIDS Alliance Queensberry House 104–106 Queens Road Brighton BN1 3XF United Kingdom Tel: +44 1273 718 900 Fax: +44 1273 718 901 mail@aidsalliance.org www.aidsalliance.org/_res/training/OD/Documentation/Documentation_Toolkit_Eng.pdf	

<i>Child prostitution, human rights, mental illness, violence, malnutrition</i>		Eng
4.6	Child prostitution: global health burden, research needs, and interventions	
	Brian M Willis, Barry S Levy, The Lancet, Vol. 359, April 20, 2002, 1417-1422	
	In this article, morbidity and mortality among prostituted children is estimated, and research strategies and interventions to mitigate such health consequences are proposed. The estimates underscore the need for health professionals to collaborate with individuals and organizations that provide direct services to prostituted children.	
	The Lancet Customer Services Elsevier Ltd. The Boulevard Langford Lane Kidlington Oxford OX5 1GB United Kingdom Tel: +44 1865 843077 Fax: +44 1865 843970 custserv@lancet.com bwillis40@hotmail.com www.thelancet.com	

<i>India, Training, counselling, communication</i>	
5.1	Guide to Communication and Counseling
	Naz Foundation (India) Trust
	This manual for trainers aims to introduce the participants to different concepts in counseling. It provides several exercises to help understand and internalize various principles, concepts, tools and limitations in counseling.
	<p>The Naz Foundation (India) Trust P.O. Box 3910 Andrews Gunj New Delhi, 110 049 India Tel: +91 11 685 1970 / 71 Fax: +91 11 6859113 www.who arvkit.net/sw/media/Guide_to_Communication_and_Counseling_NAZ.pdf Info@Naz.unv.ernet.in</p>

<i>Training, sexuality, health trainers</i>		Eng
5.2	Teaching about Sex and Sexuality	
	The Naz Foundation (India) Trust	
	This training manual is designed for sexual health trainers or workers, to introduce them to basic concepts of sex and sexuality, and some of the societal forces which shape overall sexual health. It has four components: (1) becoming sexually aware, (2) our bodies, our selves, (3) sexual behaviour and (4) sexuality in social context.	
	<p>The Naz Foundation (India) Trust P.O. Box 3910 Andrews Gunj New Delhi, 110 049 India Tel: +91 11 685 1970 / 71 Fax: +91 11 685 9113 www.who arvkit.net/sw/media/Teaching_about_Sex_and_Sexuality_NAZ.pdf Info@Naz.unv.ernet.in</p>	

<i>Training, ethics, health trainers</i>		Eng
5.3	Ethics And Sexual Health	
	The Naz Foundation (India) Trust	
	This training manual is written for sexual health trainers/workers. It aims to introduce common ethical issues and dilemmas that arise in sexual health work, especially around HIV testing, care and support and advocacy. It has an interactive format including exercises and discussions, and includes some examples from sex work.	
	The Naz Foundation (India) Trust P.O. Box 3910 Andrews Gunj New Delhi, 110 049, India Tel: +91 11 685 1970 / 71 Fax: +91 11 685 9113 www.who.arvkit.net/sw/media/Ethics_and_Sexual_health.pdf Info@Naz.unv.ernet.in	

<i>MSM, training</i>		Eng
5.4	Training Manual – An Introduction to Promoting Sexual Health for Men Who Have Sex with Men and Gay Men	
	The Naz Foundation (India) Trust, 2001	
	This manual provides training modules on issues related to the sexuality and sexual health of men who have sex with men (MSM) and gay men. The training is intended for NGOs and community-based organizations in South Asia. The objective of the training is to give participants a clear understanding of a wide range of issues including those to sexual health and to support the development of services for MSM and gay men or incorporate their issues .	
	The Naz Foundation (India) Trust P.O. Box 3910 Andrews Gunj New Delhi, 110 049 India Tel: +91 11 685 1970 / 71 Fax: +91 11 685 9113 www.aidsalliance.org/_res/training/prevention/MSM_Manual.pdf	

100% CUP, condom, policy, training		Eng
5.5	Training Course for the 100% condom use programme	
	WHO, WPRO 2002	
	Package of training materials designed to help programme managers and technical staff to implement a 100% Condom Use Programme (100%) in entertainment establishments.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 80 01 Fax: +63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/pdf/sti/condom_training_course.pdf	

Peer education, training		Eng Ital Fr Lith Russ
5.6	Professional Training for Peer Educators in Prostitution Field	
	Fenarate Project 2004	
	Description of the role of PE's in the area of prostitution, analysing the environment of prostitution in many countries. A trial project and guidelines for the vocational training of peer educators in the area of prostitution.	
	TAMPEP International Foundation Coordination Centre Westermarkt 4 1016 DK Amsterdam The Netherlands Tel: +31 20 624 71 49 Fax: +31 20 624 6529 tampep@xs4all.nl info@fenarete.org www.tampep.com www.fenarete.org	

100% CUP, condom, monitoring, evaluation, brothel		Eng
6.1	Monitoring and Evaluation of the 100% condom use programme in entertainment establishments	
	WHO, WPRO 2002	
	In this document WHO sets out a range of process, outcome, and impact indicators that can be used to monitor and evaluate a 100% condom use programme. It recommends using standardised definitions of indicators to allow for comparison across project sites and countries. The Guide gives advice on all aspects of the M&E process, including sampling, methodologies to be used, data collection, analysis and dissemination.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 80 01 Fax: + 63 2521 1036 postmaster@wpro.who.int www.wpro.who.int/pdf/sti/monitoring_eval_condom_use.pdf	

100% CUP, condom, Thailand		Eng
6.3	Evaluation of the 100% Condom Programme in Thailand	
	UNAIDS, July 2000	
	Case study and analysis of the 100% Condom Use Programme in Thailand, based on a detailed evaluation conducted in 1997. The evaluation methodology is described and the key outcomes, impacts and weaknesses of the programme are identified. A key issue for the future is how to provide appropriate services to an increasing number of 'indirect' sex work sites.	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.unaids.org www.who.arvkit.net/sw/media/Evaluation_Condom_Use_in_Thailand.pdf	

<i>Myanmar, 100% CUP, condom, evaluation, programme design</i>		Eng
6.4	An Evaluation of the Pilot One Hundred Per Cent Condom Use Programme in Myanmar	
	UNAIDS, Uhrig, J. April 2002	
	This report describes the findings of a 3 week evaluation visit by a consultant to assess the 100% condom use programme which had been operating for one year in 4 pilot sites in Myanmar. It provides an account of programme implementation in a more fluid sex work context where 'brothels' do not exist. Proxy indicators of programme impact (such as condom distribution) showed increases during the project period. Other measures of programme outcome were not available. The report highlights the difficulty of reaching 'freelance' sex workers.	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaid@unaid.org www.unaid.org www.who.arvkit.net/sw/media	

<i>Monitoring, evaluation, Nepal, illiteracy</i>		Eng
6.5	A New Approach to Evaluating a Peer Education Programme for Sex Workers	
	Butcher K et al (2000)	
	Paper describes the use of an innovative participatory method (a colour coded bead necklace) that illiterate peer educators in Nepal could use to monitor condom use within sex work. PLA Notes, No.37, p.79-80	
	International Institute of Environment and Development Head Office 3 Endsleigh Street, London WC1H 0DD, UK Tel: +44 20 7388-2117 Fax: +44 20 7388-2826 info@iied.org www.iied.org/sarl/pla_notes/pla_backissues/documents/plan_03715.pdf	

Additional Resources

Videotape, documentary film, condom, education		Eng
	Amah Djah-Foule or AMAH’s big success Documentary Film	
	Institute de Médecine Tropicale / Centre de Communication PSI-AIMAS July 2002	
	<p>Documentary film (55 min) that shows the importance of correct and consistent condom use as well as voluntary counselling and testing for HIV. The film is targeted at sex workers and their partners – both clients and regular partners.</p> <p>Every evening, Amah, a young prostitute goes to "Night Birds Street" to work; seducing clients, bargaining over the price of a quickie, negotiating the use of condoms and selling her love. When she goes home in the morning, she returns to the arms of her boyfriend. He doesn't like condoms very much and when she suggests they get tested for AIDS, well that's another matter...</p> <p>The video cassette is accompanied by a discussion guide. Second part is under production.</p>	
	<p>Production contact: Institute de Medicine Tropical Tel: +32 3 2476321 Fax: +32 3 247633 Distribution contact: AIMAS Tel: +225 22 52 77 90/95 Fax: +225 22 52 77 94 psicom@aviso.ci aimas@aviso.ci</p>	
Nepal, situation assessment		Eng
	A Situation Assessment of Sex Workers in Kathmandu Valley A focused Ethnographic Study	
	<p>Family Health International, Centre for Research on Environment, Health and Population Activities (CREHPA) 2001</p>	
	<p>Data and description of a situation assessment of sex workers in the Kathmandu Valley to develop a better information base for comprehensive HIV/AIDS prevention and control programs.</p>	
	<p>Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org www.fhi.org/NR/rdonlyres/ebx6drhlhswvvaniqoy326g6r5nh5cs4q7fisjvo5kcjmfh4jyu4c55427rdlcxprl3b4xjmvghcxyo/SASexWorkers.pdf</p>	

<i>Assessment, India, behavioral surveillance</i>		Eng
	Tamil Nadu HIV Risk Behavioural Surveillance Surveys	
	Family Health International / IMPACT	
	The Behavioural Surveillance Survey (BSS) methodology is a monitoring and evaluation tool designed to track trends in HIV/AIDS related knowledge, attitudes and behaviours in sub-populations at particular risk of HIV infection, such as female sex workers, injection drug users.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org www.who arvkit.net/sw/media/HIV_Risk_Behavioral_Tamil_Nadu_India.pdf	

<i>Nigeria, assessment, sexual behaviour, condom</i>		Eng
	Condom Use In Nigeria: Evidence from two waves of a sexual behavior and condom use survey	
	Van Rossem, Ronan et al., 2000	
	This working paper uses data from two waves of a nation-wide survey of over 5,000 respondents each to examine factors that influence consistency of condom use with various types of partner. The results show that while the overall level of consistent condom use has remained low, reported consistent condom use with occasional partners and commercial sex workers exceeds 60%. There is also some evidence of an increasing trend in consistent condom use.	
	The Synergy Project 1101 Vermont Avenue, NW, Suite 900 Washington, DC 20005, USA Tel: +1 202 842-2939 Fax: +1 202 842-7646 www.synergyaids.com/resources.asp?id=3565	

<i>Burkina Faso, Cote d'Ivoire, Mali, Niger, Senegal, migration</i>		Eng
	Findings of the Research Action: "Migration and AIDS" Project	
	UNAIDS Inter-Country Team for West and Central Africa	
	<p>This study, as part of a research- action "Migration and Aids", under the auspices of the West African Initiative for a response to HIV/AIDS epidemic (WAI), was jointly carried out by five West African Countries: Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal. It is a socio-ecological approach focusing on the status of migration, populations in social interaction with migrants, sex work and the HIV/AIDS epidemic. Ecological sites were identified in the countries mainly railway stations (train-travelers, travelers in transit, train workers), road stations (truck drivers, "coxers", merchants), hotels, central markets and certain cyclical markets (or louma) receiving migrants or mobile persons, who benefited from intervention strategies of the project.</p>	
	<p>UNAIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaid@unaid.org www.unaid.org www.onusida-aoc.org/Eng/Publications/Migration%20and%20AIDS.htm</p>	

<i>STI</i>		Eng
	Guidelines for the Management of Sexually Transmitted Infections	
	WHO 2001	
	<p>This publication presents recommendations, both for a syndromic approach to the management of patients with STI symptoms and for the treatment of specific STI, based on global evidence and surveillance data. It also provides information on the notification and management of sexual partners and on STI in children and adolescents.</p>	
	<p>Department of HIV/AIDS Documentation Centre World Health Organization 20, Avenue Appia 1211 Geneva 27, Switzerland Tel: + 41 22 791 4530 Fax: +41 22 791 1580 hiv-aids@who.int www.who.int/hiv/en/hiv_aids_2001_01.pdf www.who.int/docstore/hiv/STIManagemntguidelines/who_hiv_aids_2001.01/ www.who.int/hiv/pub/sti/pub6/en/</p>	

<i>Survey, assessment, clients, Africa</i>		Eng
	How to reach clients of female sex workers: a survey “by surprise” in brothels in Dakar, Senegal	
	Bulletin of WHO 2002; 80:709-713	
	A description of the sampling techniques and survey procedures used in identifying male clients who frequent brothels to buy sexual services from female sex workers in Senegal.	
	Department of HIV/AIDS Documentation Centre World Health Organization 20, Avenue Appia 1211 Geneva 27, Switzerland Tel: + 41 22 791 4530 Fax: +41 22 791 1580 www.who.int/bulletin/2002/Vol80-No9/bulletin_2002_80(9)_709-713.pdf	

<i>Newsletter, research</i>		Eng
	HIV/AIDS & STI NEWS	
	High Risk Populations: sex workers and their clients	
	DFID Knowledge Programme on HIV/AIDS & STI; London School of Hygiene & Tropical Medicine; Medical Research Council Newsletter editor: Tamsin Kelk, No. 4, April 2003	
	This newsletter provides a forum for the exchange of research within the Programme and introduces other relevant research from Programme members.	
	London School of Hygiene and Tropical Medicine Health Policy Unit Keppel Street London WC1E 7HT United Kingdom Tel: +44 20 7636 8636 Fax: +44 20 7436 5389 Tamsin.Kelk@lshtm.ac.uk www.who arvkit.net/sw/media/HIV_STI_High_Risk_Population_Sex_Workers.pdf	

APDIME toolkit, migrants, mobility		Eng
	Preventing HIV Migrant Work Settings	
	The Synergy Project	
	This document is part of the APDIME toolkit (see 1.3), and forms part 1 of a sub-module entitled "Transmission Settings". It comprises a research-based resource on HIV transmission and mobility and is designed to provide contextual substance to the generic program tools contained within the APDIME toolkit. It includes a conceptual framework for understanding mobility and vulnerability, highlighting the necessity to address the structural context of risk behaviour. It describes case studies of projects, and a summary of common themes found in effective interventions.	
	The Synergy Project Social & Scientific Systems, Inc 1101 Vermont Avenue, NW Suite 900 Washington D.C. 20005 USA Tel: +1 202 842 2939 Fax: +1 202 842 7646 jleonard@s-3.com www.SynergyAIDS.com www.who.arvkit.net/sw/media/Preventing_HIV_Migrant_Work_Settings.pdf	

Contraception, family planning, gender, counselling, India		Eng
	Network: Sexual Health	
	Family Health International, Volume 21, Number 4, 2002	
	This issue seeks to increase awareness of the often overlooked dynamics of the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are enriching. A special package of articles also clarifies the complex relationship between contraception and induced abortion.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org www.reproline.jhu.edu/english/6read/6issues/6network/v21-4/v21-4.htm	

<i>Truck, highways, mobility, case study, conceptual framework</i>		Eng
	Putting On the Brakes	
	The Synergy Project, University of Washington, Centre for Health Education and Research 2002	
	This document is part of the APDIME toolkit (see no 1.3), and forms part II of a sub-module entitled "Transmission Settings". It comprises a research-based resource on HIV transmission and truck route settings, and is designed to provide contextual substance to the generic program tools contained within the APDIME toolkit. It includes a conceptual framework for understanding truck-route related vulnerability, highlighting the necessity to address the structural context of risk behaviour. It describes case studies of projects, and a summary of common themes found in effective interventions.	
	The Synergy Project Social & Scientific Systems, Inc 1101 Vermont Avenue, NW Suite 900 Washington D.C. 20005 USA Tel: +1 202 842 2939 Fax: +1 202 842 7646 jleonard@s-3.com www.SynergyAIDS.com http://63.107.122.20/documents/Submoduletruckers.pdf	
<i>West Africa, Central Africa, situation analysis</i>		Eng Fr
	Regional Workshop on Situation Analysis of Sex Work in West and Central Africa, Abidjan, Côte d'Ivoire, 21-24 Mars 2000	
	UNAIDS Inter-Country Team for West and Central Africa, July 2001	
	Meeting Report; discussing the Background on Situational Analysis for Sex work in West and Central Africa. Work shop themes are reaching Diverse contexts of sex work, key research questions and methods, intervention strategies and community participation and integration in the national response.	
	UNAIDS Inter-Country Team for West and Central Africa (UNAIDS ICT/WCA) Immeuble Avodire, 1st Floor Rue des Jardins, II Plateaux Vallons 04 BP 1900 Abidjan 04 Côte d'Ivoire Tel: +225 22 40 44 01 / 22 40 44 11 Fax: +225 22 40 44 09 / 22 40 44 13 eip.onusida@aviso.ci / eip2.onusida@aviso.ci / eip3.onusida@aviso.ci www.onusida-aoc.org www.onusida-aoc.org/Eng/Publications/Regional%20workshop%20-%20sex%20work.PDF	

Case sudy, programme planning, implementation		Eng
	Reducing HIV Risk in Sex Workers, their Clients and their Partners	
	Vuylsteke B & Jana S (2002) In: Lamptey P. and Gayle H., (eds) HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs. FHI,	
	A book chapter that outlines the key technical and policy-related components of successful interventions among sex workers. In addition to describing technical elements of sexual health interventions (condom promotion, BCC, STI services), it also discusses five strategies needed to effectively implement the programme (peer education, outreach, condom social marketing, use of informal contacts, and accessible services). The importance of community involvement and policy-level change is stressed. Finally, it discusses specific future challenges facing HIV prevention work among sex workers (specifically: access to hard to reach groups, including sex workers' partners, care and support of HIV + sex workers, the role and nature of income generating projects, and use of female controlled barrier methods). Many cross-references are made to other chapters in the book.	
	Family Health International P.O. Box 13950 Research Triangle Park NC 27709 USA Tel: +1 919 544 7040 Fax: +1 919 544 7261 Courier: 2224 E. NC Hwy 54 Durham NC 27713, USA www.who.arvkit.net/sw/media/Reducing_HIV_Risk_in_Sex_Workers.pdf	

MSM, Nepal, assessment		Eng
	Rapid Ethnography of Male to Male Sexuality and Sexual Health	
	Family Health International, Boyce, P. et al Centre for Research on Environment, Health and Population Activities Katmandu, Nepal; December 2001	
	This report presents findings of rapid ethnographic research on male-to-male sexuality and sexual health in Kathmandu, Nepal.	
	Family Health International P.O. Box 13950 Research Triangle Park NC 27709 USA Tel: +1 919 544 7040 Fax: +1 919 544 7261 www.fhi.org RMorgan@fhi.org www.fhi.org/NR/rdonlyres/edhygeolnrslvxlctsy3xkdbm5k32ihuzt6pbvhoucibkg7obo725gje5mjjau4s2ji3ipbwxdfwova/FHIMSMRPT22.pdf	

<i>Harm reduction, programme development, Central & Eastern Europe</i>		Eng
	Sex Worker Harm Reduction Initiative, Mid-Year Report	
	IHRD/OSI 2002 OSI New York and Budapest	
	This report is a mid-term summary of progress of the OSI/IHRD programme supporting sex work and harm reduction projects throughout Central and Eastern Europe. It provides project contact information and contains insights into the issues and challenges facing programme development in this region.	
	IHRD International Harm Reduction Development Budapest Open Society Institute (OSI) Oktober 6. ut. 12 H-1051 Budapest Hungary Tel. +361 327 3100 Fax: +361 327 3101 www.soros.org www.who.arvkit.net/sw/media/Sex_Work_Harm_Reduction_Initiative.pdf	

<i>Eastern Europe, resources, harm reduction</i>		Eng
	The Sex Work Compendium	
	Open Society Institute, International Harm Reduction Development	
	This Compendium provides information about sex work resources (listing of sex work organizations and those working with sex workers around the world), a compilation of articles and information on sex work issues, harm reduction information including outreach material and selected health information covering particularly pertinent areas for sex workers. Only available as a hard copy.	
	OSI International Harm Reduction Development Budapest Oktober 6. Ut. 12. H-1051 Budapest Hungary Tel: +361 327 3100 Fax: +361 327 3101 Ciupagea@osi.hu	

Condoms, Asia, Western Pacific, programme implementation, management		Eng
	The condom situation assessment in 11 Asian and Western Pacific countries	
	WHO, WPRO June 2001	
	This report provides an overview of common issues and problems related to condom promotion, and gives suggestions for remedial action. It provides a synopsis of the situation in individual countries and also includes some details about condom use in sex work.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila Philippines Tel: +632 528 80 01 Fax:+632 521 10 36 postmaster@wpro.who.int www.who.arvkit.net/sw/media/Condom_assessment_in_Asia.pdf http://www.wpro.who.int/themes_focuses/theme1/focus4/pub_doc.asp	

Case Studies

<i>Cambodia, 100% CUP, condom, STI, management, programme implementation, monitoring, evaluation, case study</i>		Eng
	Controlling STI and HIV in Cambodia – The success of the condom promotion	
	WHO, WPRO 2001	
	National Case Study on 100% Condom Use Programme in Cambodia. Gives a detailed account of the process of setting up, piloting, managing and scaling up the programme. Also describes how the programme was monitored and evaluated.	
	World Health Organization Regional Office for the Western Pacific P.O. BOX 2932 1000 Manila, Philippines Tel: +632 528 80 01 Fax: +632 521 10 36 postmaster@wpro.who.int www.who.arvkit.net/sw/media/Controlling_STI_CAM.pdf http://www.wpro.who.int/pdf/STI/controllingSTI_CAM.pdf	
<i>Papua New Guinea, India, Bangladesh, best practice, case study, monitoring, evaluation, project design, implementation</i>		Eng
	Female sex worker HIV prevention projects: Lessons learnt from Papua New Guinea, India and Bangladesh	
	UNAIDS Case Study Jenkins, C. et al., 2000	
	This publication begins by discussing what constitutes ‘best practice’ in a sex work intervention and goes on to describe the real difficulties and triumphs of three such projects. It provides program managers detailed and useful information on the intervention process, including monitoring and evaluation, replicability and sustainability. Each case study aims to identify the key principles underlying success.	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.who.arvkit.net/sw/media/Female_sex_worker_HIV_prevention_Projects.pdf www.unaids.org	

<i>Papua New Guinea, peer education, police, violence, implementation</i>		Eng
	Final Report to UNAIDS: Police and Sex Workers in Papua New Guinea	
	Jenkins, C., 1997	
	This report describes the process and encouraging outcomes of a peer educator-based intervention for police, aimed specifically at reducing the frequency of gang rape of sex workers. This intervention was undertaken in response to formative research with sex workers who had identified police abuse as their main problem.	
	UNAIDS Information Centre 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 www.unaids.org unaids@unaids.org www.walnet.org/csis/papers/jenkins_papua.html	
<i>Assessment, mapping, Ethiopia</i>		Eng
	Mapping and census of female sex workers in Addis Ababa, Ethiopia	
	FHI/Ethiopia, August 2002	
	A research report from Ethiopia that describe the methods, analysis and results of a study that aimed to: 1. To identify sex work establishments and locations, 2. To examine the number, types and working environments of sex workers, 3. To identify the institutions involved in sex work-related interventions, 4. To provide a basis for a subsequent in-depth assessment of the socio-economic status and needs of sex workers. Conclusions and recommendations are made for targeted interventions and further studies.	
	Family Health International Institute for HIV/AIDS 2101 Wilson Boulevard, Suite 700 Arlington, VA 22201 USA Tel: +1 703 516 9779 Fax: +1 703 516 9781 www.fhi.org www.fhi.org/NR/rdonlyres/ekp62fa3kznvmsn4pqktuhrlkzgtuqwc57zx4piahrkhy36wm3jvmsbleve4f5pgtx6n7etyfpzmje/AAMappingofSWsFinal5Feb03.pdf	

<i>Assessment, MSM, Senegal, ethnographic</i>		Eng
	Meeting the Sexual Health Needs of Men Who Have Sex with Men in Senegal	
	Horizons / International HIV/AIDS Alliance, September 2002	
	This research used ethnographic and survey methods to elicit information about the needs, behaviors, knowledge, and attitudes of MSM in Senegal. Research was conducted with MSM and people who interact with them, such as bartenders, female sex workers and taxi drivers. The study provides important insights about the sexuality of MSM, their risk of HIV/STI and the role of violence and stigma in their lives. The findings also highlight the lack of sexual health services and information available to meet their particular needs.	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008 USA Tel: +1 202 237 9400 Fax: +1 202 237 8410 popcouncil@pcdc.org www.popcouncil.org/horizons www.synergyaids.com/documents/msm_senegal.pdf	

<i>Sonagachi Project, case study</i>		Eng
	HIV Female Sex Work Sonagachi Project India	
	Horizons	
	Horizons paper presented in XIV AIDS Conference in Barcelona Operationalizing an effective community development intervention for reducing HIV vulnerability in female Sex Work; Lessons learnt from the Sonagachi Project in Kolkata, India	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008 USA Tel: +1 202 237-9400 Fax: +1 202 237-8410 popcouncil@pcdc.org www.popcouncil.org/horizons www.who.arvkit.net/sw/media/Sonagachi_operationalizing_copy_1.pdf	

<i>Sangram, India, peer education</i>		Eng
	Of Veshyas, Vamps, Whores and Women	
	Sangram, Point of View 2000	
	This document describes a peer education campaign for sex workers in India conducted by SANGRAM, an Indian NGO. It describes the history of the campaign, a collective of sex workers called VAMP, and current and future activities. The focus of the project is the empowerment of sex workers.	
	Sangram B-11 Akshay Apartments Chintamani Nagar Sangli 416416 India Tel:+91 233 311 644 Email: meenaseshu@yahoo.com The Synergy Project 1101 Vermont Avenue, NW, Suite 900 Washington, DC 20005 Tel: +1 202 842-2939 Fax: +1 202 842-7646 www.synergyaids.com/resources.asp?id=775	

<i>China, Poland, Thailand, Lithuania, best practice, case study</i>		Eng Fr
	Summary Booklet of Best Practices	
	UNAIDS	
	p. 181-192 describe three different sex work projects: - 1. Study in Social Organizations of Three Illegal "Red Light" Districts (People's Republic of China) 2. Wanchai Night Club Outreach Programme (Hong Kong) 3. TADA: Prevention of HIV and STDs among Sex Workers (Poland)	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.who.arvkit.net/sw/media/Summary_booklet_Best_Practices.pdf www.unaids.org	

<i>Côte d'Ivoire, best practice, case study, implementation</i>		Eng Fr
	Summary Booklet of Best Practices in Africa Issue 1I	
	UNAIDS 2000	
	p. 71-76 describes a project for care and prevention among female sex workers in Côte d'Ivoire	
	UNAIDS Information Centre 20 Avenue Appia 1211 Geneva 27 Switzerland Tel: +41 22 791 3666 Fax: +41 22 791 4187 unaids@unaids.org www.who.arvkit.net/sw/media/Summary_of_Best_Practices_Africa.pdf www.unaids.org	

<i>Case Study, Sonagachi Project, Horizons, India, Kolkata</i>		Eng Fr
	The role of social inclusion and community development in reducing HIV/STI related vulnerability among female sex workers in Kolkata, India	
	Horizons paper presented in XIV AIDS Conference in Barcelona	
	Collaborative Case Study between Durbar Mahila Samanwaya Committee (DMSC) and Horizons; a best practices model for HIV/STI prevention among female sex workers for its use of community development approaches.	
	FRONTIERS and Horizons Population Council 4301 Connecticut Avenue, N.W., Suite 280 Washington, DC 20008 USA Tel: +1 202 237 9400 Fax: +1 202 237 8410 popcouncil@pcdc.org www.popcouncil.org/horizons www.who.arvkit.net/sw/media/Sex_Workers_in_Kolkata.pdf	

For more information, contact:
World Health Organization
Department of HIV/AIDS
20, avenue Appia CH-1211 Geneva 27 Switzerland
E-mail: hiv-aids@who.int
<http://www.who.int/hiv/en>

ISBN 92 4 159296



9 789241 592963